

Package Test Request Form



Ship samples and completed form to:

STERIS, Attn: Product & Package Testing, 9303 West Broadway Ave, Brooklyn Park, MN 55445, (763) 315-1200

Customer Info	Company:		Bill to Company:	
	Street Address:		PO / CC #:	
	City, State, ZIP:		Quote #:	
	Contact Person:		Email Report to:	
	Phone:			

Product Info	Sample Name / Description			
	Unique Identifier (Lot, Protocol, etc.)			
	Items Delivered	Choose an item.	Quantity	

Sample Handling	<input type="checkbox"/> Remove outer shipper prior to testing <input type="checkbox"/> Special Storage conditions required upon receipt (add details in special instructions) <input type="checkbox"/> Sample contains hazardous substances (add details in special instructions and provide SDS)	Return Shipping Information Ship to: Carrier: Account #: Priority:

Sample Info	Provide details on samples for each test to be performed (e.g. test type, qty per test, test sequence, sample labeling, etc.)

Special Instructions	
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Approval	By signing and dating below. I acknowledge I have read, understand and accept STERIS TERMS AND CONDITIONS	
	Signature (testing cannot proceed without signature and date)	Date

STERIS ONLY	Date Received:	Job #(s)
	Received By:	