

# EO Residuals Test Request



Ship samples and completed form to: STERIS Laboratories • 9303 West Broadway Ave • Brooklyn Park, MN 55445 • (763) 315-1200

| CUSTOMER INFORMATION  |  |
|---|--|
| Bill to Company:  | PO# / Last 4 CC#:  |
| Street Address:   | Quote # (if known):  |
| City, State ZIP:  | <i>If "Ship to Company:" is different from "Bill to Company:", list below.</i> |
| Contact Person:   | Ship to Company:   |
| Contact Phone / email:  | Street Address:  |
| Email Report to:  | City, State ZIP:   |
| PRODUCT INFORMATION   |  |
| Sample Name for Report:   |  |
| Unique Identifier for Report:<br>(Lot, Run #, etc.)   |  |
| Additional traceability for individual samples provided on optional Sample Label Designation form.  |  |
| Product Category:   |  |
| Reporting Limits:   |  |
| Surface Area:   | cm <sup>2</sup>  |
| Samples contain hazardous material. To prevent testing delays, please attach SDS to this request.   |  |
| SAMPLE STORAGE  |  |
| Samples will be placed in freezer upon receipt. Please ship samples to lab on dry ice. Blanks can be shipped and may be stored at ambient conditions. |  |
| TESTING INFORMATION   |  |
| Test Code:  |  |
| Sample QTY:   |  |
| Sample Pooling:   |  |
| Process Description #:  |  |
| <i>If new product or requesting changes, complete below</i>   |  |
| Test Portion:   |  |
| EO Extraction:  | Hours °C   |
| ECH Extraction:   | Hours °C   |
| SPECIAL INSTRUCTIONS  |  |
| Check all that apply. Provide details in "Additional Instructions" below. <i>(Additional charges may apply)</i>                                       |  |
| <input type="checkbox"/> STAT processing requested.   |  |
| <input type="checkbox"/> Do not cut or destroy samples during testing.  |  |
| <input type="checkbox"/> Return test samples (MS/01a Charges Apply) Provide return shipping information below.  |  |
| <input type="checkbox"/> Return extra samples (MS/01a Charges Apply) Provide return shipping information below.                                       |  |
| RETURN SHIPPING   |  |
| Carrier / Shipping Method:  |  |
| Account #:  |  |
| Same as   | address above  |
| Shipping Address:   |  |
| ADDITIONAL INSTRUCTIONS   |  |
|   |  |
| APPROVAL  |  |
| By signing and dating below, I acknowledge I have read, understand, and accept <a href="#">STERIS TERMS AND CONDITIONS</a>                            |  |
|   |  |
| Signature (testing cannot proceed without signature and date)   |  |
| Date  |  |
| STERIS USE ONLY   |  |
| Date Received:  | Sample / Project #:  |
| Received By:  |  |

## Optional Sample Label Designation



**Attach Form to applicable TRF**

[illegible]