

# USP <51/60/61/62> 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:  
(Lot, Run #, etc.)

Product Category:

**Samples contain hazardous material. To prevent testing delays, please attach SDS to this request.**

## SAMPLE STORAGE

## TESTING INFORMATION

All selected tests code will be applied to one sample (pooled or individual) and appear on the same report.

Test Code:

Sample QTY: 1

Sample Pooling:

Process Description #:

Alert Limit:	CFU /
Action Limit:	CFU /

## SPECIAL INSTRUCTIONS

**STAT** processing requested.

## ADDITIONAL INSTRUCTIONS

## 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 USE ONLY

Date Received:

Sample / Project #:

Received By: