

El Paso Test Request Form



Ship samples and completed form to: STERIS Laboratories • 11940 Golden Gate Rd. • El Paso TX, 79936 • (915) 990-2941

Customer Information	Bill to Company: Street Address: City, State ZIP: Contact Person: Contact Phone / email: Email Report to:		PO# / Last 4 CC#: Quote # (if known): <i>If "Ship to Company:" is different from "Bill to Company:", list below.</i> Ship to Company: Street Address: City, State ZIP:	
Sample Information	Test Code:			
	Quantity Submitted:		STAT Processing (Fee Applies)	
	Load Number:		Lot Number:	
	Product Number:		Process Description / Master Spec. #:	
Sample Name for Report:				
Additional Instructions				
Sample Handling	Shipping Conditions:		Storage Conditions:	
Test Requirements	R&D: Results will not be used for product release nor used in a clinical setting, results are for review which may or may not include regulatory review. Results will be reported using Record-9 Results of Analysis.			
	GMP: Test results are used to release a batch or lot of material which has been manufactured using current good manufacturing practice.			
Sample Return (Fee applies for Return)	Discard Return to: Carrier: Account #: Priority:			
Approval	By signing and dating below, I acknowledge I have read, understand and accept STERIS Laboratories'			
	Signature (testing cannot proceed without signature and date)			Date
STERIS ONLY	Date Received:		Sample / Project #(s):	
	Received By:			
	Receiving Conditions:			