



1500 W. Thorndale Av
Itasca, IL 60143
Phone: 630-285-9121
Fax: 630-467-0960

SteriPro Labs Sample Submittal Form

687 S. Wanamaker Av
Ontario, CA 91761
Phone: 909-390-2120
Fax: 909-390-1592

James Watt No. 22 Parque Industrial
Cuamatla
Cuautitlan Izcalli, Estado de Mexico 54730
Phone: (0115255) 26209060
Fax: (0115255) 58703246

| | | | |
|--------------------------|--|--|--|
| SEND REPORT TO: | | SEND INVOICE TO: [] Same as report [] Address below | |
| Company: | | Company: | |
| Address: | | Address: | |
| City/State: | | City/State: | |
| Zip/Country: | | Zip/Country: | |
| Contact Name: | | Attention: | |
| Phone No (Ext): | | PO NUMBER (REQUIRED): | |
| Fax Number: | | | |
| Email (optional): | | | |

Lab Location Submitting To:
 Itasca, Illinois
 Ontario, California
 Mexico
Results Reported:
 Fax Only
 Fax and Mail
 E-mail Only
Turn Time:
 Standard
 Expedite – **ADDITIONAL FEE (CALL LAB FOR TIMELINE AND PRICING)**
Product Hazards:
 None
 Yes - (**ATTACH APPROPRIATE MSDS AND CONTACT LAB**)
Return Samples:
 No
 Yes – Provide FedEx/UPS # for Shipping: _____
(CALL FOR SAMPLE CLEANING QUOTE)

SAMPLES SUBMITTED FOR TESTING

***** If samples are sterilized, please provide the following information:**
 Routine Samples
 Validation Samples
 QDA Samples
Process #: _____ **Date Processed:** _____ **Process Method:** _____ **Cycle #:** _____
Cycle Type (Frac / Half / Full / Sub-Lethal): _____ **Validation / QDA Protocol or Study #:** _____

| Test Name | # of Samples | Product Description | Part Number | Lot Number |
|--|--------------|---------------------|-------------|------------|
| BI Sterility Test (Total + Positive Controls) | | | | |
| BI Enumeration (Attach a Certificate of Analysis) | | | | |
| Test Type: <input type="checkbox"/> BI Recovery / Population of Survivors <input type="checkbox"/> Population Verification | | | | |
| Product Sterility Test (Samples Spored?) Yes or No | | | | |
| Sterility Validation (Bacteriostasis & Fungistasis) | | | | |
| Bioburden Testing | | | | |
| Test for Organism Types (check all that apply): <input type="checkbox"/> Aerobes <input type="checkbox"/> Fungi <input type="checkbox"/> Spore-Formers <input type="checkbox"/> Anaerobes | | | | |
| Bioburden Validation (Recovery) | | | | |
| Endotoxin Testing (LAL Test) | | | | |
| Endotoxin Validation (Inhibition/Enhancement) | | | | |
| Residual Testing (Call Lab for Test Specifications) | | | | |
| Shipped Condition: <input type="checkbox"/> Ambient <input type="checkbox"/> On Dry Ice Storage: <input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated <input type="checkbox"/> Ambient <i>Specify additional information below in Comments</i> | | | | |
| Environmental Monitoring Analysis | | | | |
| Sample Preparation (Include instructions/diagram) | | | | |
| General Microbiology Testing / Screening | | | | |
| Test Requested (check all that apply): <input type="checkbox"/> Standard Plate Count <input type="checkbox"/> Yeast & Mold Analysis <input type="checkbox"/> Other (Specify): _____ | | | | |
| Package Testing | | | | |
| Tests Requested: <input type="checkbox"/> Burst Testing <input type="checkbox"/> Dye Migration <input type="checkbox"/> Seal Strength / Tensile Testing | | | | |
| Other (Specify): | | | | |

Special Instructions and/or Comments: _____

FOR STERIPRO LAB USE ONLY

Authorized Signature and Date: _____

SteriPro Labs agrees to perform all testing in accordance with the relevant Laboratory Work Instructions and Customer Specification Sheets. Testing results are subject to the adequacy and representative character of the samples provided. SteriPro Labs makes no guarantee of testing outcome. The liability of SteriPro Labs shall in no event exceed the cost of testing.