



Sample Submission Form

Sponsor (final report will be mailed to):

Company Name: _____ Attn: _____
Address Line 1: _____ Phone: _____
Address Line 2: _____ Fax: _____
City, State, Zip: _____ E-Mail: _____
Country: _____

Services Requested: Check all that apply.

Note: Please include cycle parameters for each process in **special instructions** section

- | | | |
|---|---|---|
| <input type="checkbox"/> Sterilization Process, Steam | <input type="checkbox"/> Cleaning Validation TIR 12 | <input type="checkbox"/> D-Value Testing - SMC or LSK |
| <input type="checkbox"/> Sterilization Process, H ₂ O ₂ | <input type="checkbox"/> Product Validation | <input type="checkbox"/> Biocompatibility |
| <input type="checkbox"/> Sterilization Process, Dry Heat | <input type="checkbox"/> Indicator Testing | <input type="checkbox"/> Material Compatibility |
| <input type="checkbox"/> Sterilization Process, Peracetic Acid | <input type="checkbox"/> Package Testing | <input type="checkbox"/> Feasibility Testing |
| <input type="checkbox"/> Sterilization Process, Chemical Vapor | <input type="checkbox"/> Sterility | <input type="checkbox"/> Perform Stat (Extra charge) |
| <input type="checkbox"/> Sterilization Process, EO Gas | <input type="checkbox"/> Population Assay | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sterilization Process, Other _____ | <input type="checkbox"/> Bioburden Testing | |

Special Instructions: _____

Check all that apply.

Sample ID:

Product Name _____
Catalog/Part # _____
Lot # _____
Number of Samples _____
Purchase Order # _____

Sample Storage:

- ☐ Refrigerate upon arrival
☐ Store at room temperature
☐ Store frozen
☐ Light sensitive
☐ Other _____

Sample Disposition:

- ☐ Discard
☐ Return (Extra charge)
FedEx # _____
UPS # _____
☐ Other _____

Sponsor's Authorization Signature: _____ Date: _____

- ☐ Fax Preliminary Results ☐ E-Mail Preliminary Results ☐ Phone Preliminary Results

LABORATORY USE ONLY

Sales Order Number: _____ Received by: _____
Study Number: _____ Date: _____

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