SteriPro Consulting Radiation Submittal Form

Sterigenics — A Sotera Health company

Nelson Labs — A Sotera Health company

SEND REPORT TO: CONSULTANT:		SEND INVOICE TO: ☐ Same as report ☐ Address below	
Contact:		**Attention:**	
Company:		**Company:**	
Phone No (Ext):		**Email:**	
Fax No:		**Address:**	
Email (required):		**City/State:**	
Address:		**Zip/Country:**	
City/State:		**PO NUMBER:**	**QUOTE #:** __ **E1 #:**
Zip/Country:			

STUDY INFORMATION

TURN TIME: ☐ STAT – ADDITIONAL FEE   **SAVE AND RETURN SAMPLES:** ☐ NO   ☐ YES – Provide FedEx/UPS # for Shipping:

PRODUCT HAZARDS: ☐ NONE ☐ YES - *(ATTACH APPROPRIATE SDS)*   Protocol or Final Report Number:

☐ Gamma Radiation	☐ Method 1 Validation	☐ Method 1 Batch Release	☐ Method 1 Product Adoption	☐ Method 1 Dose Audit	☐ Method 2 Validation
☐ Electron Beam Radiation	☐ VD$_{max}$ Validation	☐ VD$_{max}$ Batch Release	☐ VD$_{max}$ Product Adoption	☐ VD$_{max}$ Dose Audit	☐ Method 2 Dose Audit

TEST CODES FOR LABORATORY SERVICES

BIOBURDEN TESTING		BIOBURDEN VALIDATION		PRODUCT STERILITY VALIDATION	
BIO220	Aerobes, Fungi	**BIO910**	Exhaustive Recovery	**BFS140**	Method Suitability Test (B&F Test)
BIO320	Aerobes, Spore-formers, Fungi	**BIO920**	Inoculated Recovery	**PRODUCT STERILITY TESTING**	
BIO410	Aerobes, Anaerobes, Fungi, Spore-formers	**SAMPLE PREPARATION**		**PSC115 or PSC125**	Product Sterility Test (dependent on volume)
☐ **SAVE Bioburden Plates for Gram Stain or ID**		**BIO720/721**	Sample Item Portion (SIP) Preparation	**For Any Tests Not Listed - Please Use the Comments Section to Describe**	

Comments and/or Special Instructions:

TEST CODE	NUMBER OF SAMPLES SENT	NUMBER OF SAMPLES TO TEST	SAMPLE DESCRIPTION	PART #	LOT #	For Consultant Use Only
						☐ Initial/Date_____
						☐ Initial/Date_____
						☐ Initial/Date_____
						☐ Initial/Date_____
						☐ Initial/Date_____
						☐ Initial/Date_____
						☐ Initial/Date_____

Specify storage conditions, upon receipt **(REQUIRED):** ☐ Ambient ☐ Refrigeration ☐ Frozen ☐ Deep Freeze

Bioburden Customer Specification Sheet Number: _____ Product Sterility Customer Specification Sheet Number: _____

Customer Signature: _____ **Date:** _____
(REQUIRED FOR TESTING)

FRM1214 Rev 2.0
User must verify the revision number of printed or downloaded document against the effective version.

Confidential Information

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