



# 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 <sub>2</sub> O <sub>2</sub> | <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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