

## TEST REQUEST FORM

P. O. # Required Before Final Report Issued

P. O. # \_\_\_\_\_

Send Technical Report To:

Invoice:

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Phone: \_\_\_\_\_

Sample description (use exact wording desired on final report)

Your lot # \_\_\_\_\_

Perform the following test(s) on this sample:

TEST QTY.	STERITEC CODE#	MICROBIOLOGY
	BF001	Bacteriostasis/Fungistasis <b>USP, Per Organism</b>
		<b>Bioburden (100-800 ml wash)      Standard Plate Count</b>
	BB001-100	Total Aerobic
	BB001-200	Total Aerobic Plus Spores
	BB001-500	Total Anaerobic
	BB001-700	Total Fungi Per Sample
		<b>Bioburden (100-800 ml wash)      Filtration Method</b>
	BB001-300	Total Aerobic
	BB001-400	Total Aerobic Plus Spores
	BB001-600	Total Anaerobic
	BB001-800	Total Fungi Per Sample
		<b>Sterility Tests      Media Volume 100-800 ml</b>
	ST001-Cust	Custom Testing Available
	ST001	Forty Product, Immersion      14 days incubation
	ST002	Twenty Products Plus Ten Spore Strips, Immersion      10 days incubation

	ST003	Twenty Products Plus Ten Spore Strips, in situ	10 days incubation
	ST004	Ten Products, Immersion	7 days incubation
	ST005	Ten Products, in situ	7 days incubation
	ST008	Ten Products Plus Ten Spore Strips, Immersion	7 days incubation
	ST006	Membrane Filtration	7 days incubation <b>(ml varies)</b>
	ST007	Spore Strips, Immersion	7 days incubation <b>(EO) (Steam)</b>
		Shortened BI Incubation Studies Available	
		<b>Supplemental Sample Testing</b>	
	SST01-105	Biological Indicators	
	SST01-107	Gram Stains	
	SST01-108	Product Inoculation	
	SST01-109	Contact Plates (10, plus report)	
	SST01-110	Settling Plates (10, plus report)	
	PA001	Device Particulate Analysis	
		<b>Spore Strip Population</b>	
	PV001-101	Verification Count	
		<b>LAL Pyrogen Analysis (Gel Clot Method)</b>	
	PL001-101	Extract of Device – Test, Positive Negative and Inhibition Controls	
	LAL-VAL	Medical Device Validation Program <b>(USP)</b>	
	EO001-101	Ethylene Oxide Residual Analysis <b>(EO, ECH)</b>	
		Physical Test (Pull Test, Peel Strength Test,...etc)	
		<b>Sterilization Consulting and Testing</b>	

Comments:

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_