

Sterigenics

<b>EDI #:</b> _____
<b>SO #:</b> _____ <b>WO #:</b> _____
<i>Sterigenics Use Only</i>

## ExCell Notice of Intended Delivery

This form must be completed and sent with your product. If possible, please fax before shipping. If any of this form is not completed, Sterigenics cannot process your product.

### Customer Information:

Contact: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

### Post Processing Shipping Information:

Contact: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Purchase Order: \_\_\_\_\_ Ship Via: \_\_\_\_\_  
Date to Arrive: \_\_\_\_\_ Account #: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_

Dose Audit  Precision Dose  Other: \_\_\_\_\_

Product Code: \_\_\_\_\_ Lot#: \_\_\_\_\_

Box Size: \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ Weight: \_\_\_\_\_ No. Of Boxes: \_\_\_\_\_

The space available per carrier is 18" x 20" x 24". Cartons that do not fit within these dimensions will require multiple carriers. Cartons must also be of the same size and weight in order to run on the same carrier.

Target Dose: \_\_\_\_\_ kGy

Dose Range: \_\_\_\_\_ kGy Minim \_\_\_\_\_ kGy Maximum

There must be a minimum and maximum dose stated. For Dose Audits the dose range should be +/- 10%. **If no dose range is stated, Sterigenics cannot process your product.**