

GammaSTAT

Notice of Intended Delivery Form

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

To: _____ From: _____
Company: _____ Date: _____
Phone: _____
Fax: _____ Number of Pages to fax: _____

Dose Required(kGy): _____ **MIN:** _____ **MAX:** _____

Quantity:	Product Code/Description:	Lot Number:

Circle One: Production Test Validation PO#: _____

Will Call Contact name: _____ Phone: _____
Ship to Address: _____
Company: _____ Trucking Company: _____
Street Address: _____ Samples for a lab?: Yes No
City, State, Zip: _____ If yes, lab name: _____
Fed Ex UPS (circle one) Priority Status: _____ Account #: _____
Document or Special Requests: _____

_____ GammaSTAT I - 23 hrs GammaSTAT fee is \$ _____ per tote for each tote processed.
_____ GammaSTAT II - 48 hrs

Product will arrive at Sterigenics on: _____ Date: _____ Time: _____
Sterigenics guaranteed pick up for customer on: _____ Date: _____ Time: _____

PLEASE SIGN, DATE, AND FAX TO STERIGENICS CUSTOMER SERVICE TO AUTHORIZE GAMMASTAT SERVICE

Customer Authorization: _____ Date: _____
Sterigenics Authorization: _____ Date: _____

The GammaSTAT service fee is **in addition** to the normal processing charges. The GammaSTAT fee is charged on each tote that is processed, i.e., 2 totes is 2 times the GammaSTAT fee. The guarantee covers processing and GammaSTAT costs. Sterigenics liability policy does not include GammaSTAT service fees.
