

Sterigenics Facility:

**Notice of Intended Delivery**  
**Medical Products**  
Complete and send with every shipment

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

MY CUSTOMER INFORMATION	AFTER PROCESSING SHIP TO
Completed By:	Company
Company	Address
Address	City                      State                      Zip
City                      State                      Zip	Attn:
Phone#	<b>PO#</b>
Fax#	

My Required Dose is:      \_\_\_\_\_ **kGy** Minimum Dose                      \_\_\_\_\_ **kGy** Maximum Dose

My ETO Cycle # is:      \_\_\_\_\_

Special Requests:      \_\_\_\_\_

Quantity	Product Code/Description (that I want to appear on the Cert)	Lot Number
TOTAL		Check One: <input type="checkbox"/> <b>PRODUCTION RUN</b> / <input type="checkbox"/> <b>TEST RUN</b>

Fed-Ex / UPS      Priority Status      \_\_\_\_\_                      My Account #      \_\_\_\_\_

Ship Via      \_\_\_\_\_                      Phone #:      \_\_\_\_\_

Will Call Contact      \_\_\_\_\_                      Phone #:      \_\_\_\_\_

Samples? (Check One):    Yes /    No      If yes, send samples to:      \_\_\_\_\_

I understand if there is any change from my standard dose parameter, box dimensions or density that must be advised in writing and it could require dose mapping. I also understand if a dose map is performed there may be a charge associated with this service.