



SteriPro Labs Sample Submittal Form

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SEND REPORT TO:		SEND INVOICE TO: [] Same as report [] Address below	
Company:		Company:	
Address:		Address:	
City/State:		City/State:	
Zip/Country:		Zip/Country:	
Contact Name:		Attention:	
Phone No (Ext):		PO NUMBER (REQUIRED):	
Fax Number:			
Email (optional):			

Lab Location Submitting To: Itasca, Illinois Ontario, California Mexico

Results Reported: Fax Only Fax and Mail E-mail Only

Turn Time: Standard Expedite – **ADDITIONAL FEE (CALL LAB FOR TIMELINE AND PRICING)**

Product Hazards: None Yes - (**ATTACH APPROPRIATE MSDS AND CONTACT LAB**)

Return Samples: No Yes – Provide FedEx/UPS # for Shipping: _____
(CALL FOR SAMPLE CLEANING QUOTE)

SAMPLES SUBMITTED FOR TESTING

*** If samples are sterilized, please provide the following information: Routine Samples Validation Samples QDA Samples

Process #: _____ Date Processed: _____ Process Method: _____ Cycle #: _____

Cycle Type (Frac / Half / Full / Sub-Lethal): _____ Validation / QDA Protocol or Study #: _____

Test Name	# of Samples	Product Description	Part Number	Lot Number
BI Sterility Test (Total + Positive Controls)				
BI Enumeration (Attach a Certificate of Analysis)				
Test Type: <input type="checkbox"/> BI Recovery / Population of Survivors <input type="checkbox"/> Population Verification				
Product Sterility Test (Samples Spored?) Yes or No				
Sterility Validation (Bacteriostasis & Fungistasis)				
Bioburden Testing				
Test for Organism Types (check all that apply): <input type="checkbox"/> Aerobes <input type="checkbox"/> Fungi <input type="checkbox"/> Spore-Formers <input type="checkbox"/> Anaerobes				
Bioburden Validation (Recovery)				
Endotoxin Testing (LAL Test)				
Endotoxin Validation (Inhibition/Enhancement)				
Residual Testing (Call Lab for Test Specifications)				
Shipped Condition: <input type="checkbox"/> Ambient <input type="checkbox"/> On Dry Ice Storage: <input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated <input type="checkbox"/> Ambient <i>Specify additional information below in Comments</i>				
Environmental Monitoring Analysis				
Sample Preparation (Include instructions/diagram)				
General Microbiology Testing / Screening				
Test Requested (check all that apply): <input type="checkbox"/> Standard Plate Count <input type="checkbox"/> Yeast & Mold Analysis <input type="checkbox"/> Other (Specify):				
Package Testing				
Tests Requested: <input type="checkbox"/> Burst Testing <input type="checkbox"/> Dye Migration <input type="checkbox"/> Seal Strength / Tensile Testing				
Other (Specify):				

Special Instructions and/or Comments: _____

FOR STERIPRO LAB USE ONLY

Authorized Signature and Date: _____

SteriPro Labs agrees to perform all testing in accordance with the relevant Laboratory Work Instructions and Customer Specification Sheets. Testing results are subject to the adequacy and representative character of the samples provided. SteriPro Labs makes no guarantee of testing outcome. The liability of SteriPro Labs shall in no event exceed the cost of testing.