

# Biotest Laboratories, Inc.

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FDA Registered  
GMP

ISO 13488

ISO/IEC 17025  
EN 554

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## ETHYLENE OXIDE RESIDUAL TEST REQUEST FORM

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

REPORTS: Will be faxed followed by hardcopies in mail.

Attn: (PRINT NAME) \_\_\_\_\_  Fax  Phone

Purchase Order (Required) \_\_\_\_\_

RUSH (STAT fee applies)

Sample Disposition Post Test:  Discard  Return

For return sample please provide shipping information:  
 UPS  FedEx  Courier  Pick Up

Address \_\_\_\_\_ Attn \_\_\_\_\_

Shipping Account #: \_\_\_\_\_

Product Name/#: \_\_\_\_\_

Sterilization Lot #: \_\_\_\_\_

Date removed from Sterilization Chamber: \_\_\_\_\_

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

Sterilization Date: \_\_\_\_\_

Forced Aeration:  \_\_\_ Day(s)  \_\_\_ Hour(s)

REQUIRED SAMPLE INFORMATION	BTL TEST CODE	REQUESTED TESTS FOR EO RESIDUAL (EO= Ethylene Oxide, ECH= Ethylene Chlorohydrin, EG= Ethylene Glycol)
<p><b># of sample(s) to be tested:</b> _____</p> <p><b>Sample(s) to be tested:</b>  <input type="checkbox"/> As received OR <input type="checkbox"/> After _____ Day(s) Ambient Aeration  OR <input type="checkbox"/> On the following date (s) _____</p> <p><b>Device Category:</b>  <input type="checkbox"/> Limited (≤ 24 hrs) <input type="checkbox"/> Prolonged (24hrs-30 days) <input type="checkbox"/> Permanent (&gt; 30 days)</p> <p><b>Test:</b>  <input type="checkbox"/> Entire Device <input type="checkbox"/> Fluid Path <input type="checkbox"/> Pooled device</p> <p><input type="checkbox"/> Portion of the Device: _____</p> <p><b>Extraction conditions:</b>  <input type="checkbox"/> 25C° <input type="checkbox"/> 37C° for <input type="checkbox"/> ___ Hour (s) <input type="checkbox"/> ___ Minute(s) <input type="checkbox"/> Exhaustive</p> <p>Special Instructions:</p>	REO/01	<input type="checkbox"/> EO Headspace extraction- Includes the first 3 extractions
	REO/01a	<input type="checkbox"/> If additional extractions necessary for EO headspace
	REO/02	<input type="checkbox"/> ECH and EG Exhaustive water – includes the first 2 exhaustive extractions
	REO/02a	<input type="checkbox"/> If additional extractions necessary for ECH and EG exhaustive extractions
	REO/03	<input type="checkbox"/> EO Headspace and ECH & EG Exhaustive extractions – includes the first 3 EO headspace extractions and the first 2 of ECH & EG exhaustive extractions (Required 2 samples) (Combination of REO/01 and REO/02)
	REO/04	<input type="checkbox"/> EO Water Extraction only
	REO/05	<input type="checkbox"/> ECH Water Extraction only
	REO/06	<input type="checkbox"/> EO, ECH & EG Liquid Sample
	REO/07	<input type="checkbox"/> EO, ECH & EG Water Extraction
	REO/08	<input type="checkbox"/> EO& ECH Exhaustive Water
	REO/09	<input type="checkbox"/> EO Exhaustive Water
	REO/10	<input type="checkbox"/> ECH exhaustive water
REO/11	<input type="checkbox"/> If additional extractions necessary for EO & ECH exhaustive water	
REO/12	<input type="checkbox"/> If additional extractions necessary for EO or ECH exhaustive water	

Authorizing Signature: \_\_\_\_\_ Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

**Specific test results may not be indicative of the characteristics of any other samples from the same lot or similar lots. Liability is limited to the costs of the test.**

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