

# Biotest Laboratories, Inc.

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FDA Registered  
GMP

ISO 13488

ISO/IEC 17025  
EN 554

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## STERILIZATION TEST REQUEST FORM

**\*CUSTOMER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**\*PRODUCT( S) NAME(S):** \_\_\_\_\_  
**\*PRODUCT LOT #(S):** \_\_\_\_\_  
**\*PURCHASE ORDER:** \_\_\_\_\_ **\*DATE TO BE DONE:** \_\_\_\_\_  
**STERILE LOT #** \_\_\_\_\_

### \* REQUIRED INFORMATION

CHECK APPLICABLE TEST/TESTS:	INSTRUCTIONS/COMMENTS
<b>R &amp; D - Single Cycle</b> [ ] or Decontamination Run [ ] Package Product [ ] Wrap product [ ] Sterilize as is [ ] Parameters: TIME: _____ TEMP: _____	
<b>R &amp; D - Multiple Cycles</b> # Cycles to run: _____ Minimum Time Between Runs: _____ Parameters: TIME: _____ TEMP: _____ Type of Cycle: Gravity [ ] Vacuum [ ] Other: _____ <b>Observations:</b> Document changes every _____ Run Take _____ Pictures every _____ Run Report required: yes [ ] no [ ]	
<b>Contract Steam Sterilization (Product Release)</b> Process Load per Validation Final Report #/Date: _____ _____ Return before release [ ] Signature: _____ <b>Validation</b> Process Load per validation protocol #: _____ Date: _____	
CONTACT NAME (print): _____ FAX #: _____ PHONE #: _____ MAILING ADDRESS IF DIFFERENT THAN ABOVE: _____	

SIGNATURE: \_\_\_\_\_ 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 tests.

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