

Biotest Laboratories, Inc.

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ETHYLENE OXIDE RESIDUAL TEST REQUEST FORM

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

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

REPORTS: Will be faxed followed by hardcopies in mail.

Address _____ Attn _____

Shipping Account #: _____

Attn: (PRINT NAME) _____ Fax Phone

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># of sample(s) to be tested: _____</p> <p>Sample(s) to be tested: <input type="checkbox"/> As received OR <input type="checkbox"/> After ___ Day(s) Ambient Aeration</p> <p>OR <input type="checkbox"/> On the following date (s) _____</p> <p>Device Category: <input type="checkbox"/> Limited (≤ 24 hrs) <input type="checkbox"/> Prolonged (24hrs-30 days) <input type="checkbox"/> Permanent (> 30 days)</p> <p>Test: <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>Extraction conditions: <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.

Form may be downloaded from WWW.BIOTESTLABS.COM. This is a revision controlled form within the Biotest Laboratories, Inc. Quality System. Modifications of the controlled information within this form are prohibited.