

Biotest Laboratories, Inc.

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FDA Registered
GMP
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ISO 13485
EN/ISO 17665

ISO/IEC 17025
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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
R & D - Single Cycle [] or Decontamination Run [] Package Product [] Wrap product [] Sterilize as is [] Parameters: TIME: _____ TEMP: _____	
R & D - Multiple Cycles # Cycles to run: _____ Minimum Time Between Runs: _____ Parameters: TIME: _____ TEMP: _____ Type of Cycle: Gravity [] Vacuum [] Other: _____ Observations: Document changes every _____ Run Take _____ Pictures every _____ Run Report required: yes [] no []	
Contract Steam Sterilization (Product Release) Process Load per Validation Final Report #/Date: _____ _____ Return before release [] Signature: _____ Validation 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.

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.