

Analysis Request Form Sterility



Ship samples and completed form to:
Sample Receiving
1417 Helmo Ave North
Oakdale, MN 55128

Customer Information	Contact Person:	Phone / Email:
	Company:	Project Manager:
	Street Address:	Email Report To:
	City, State ZIP:	

Invoicing Information	PO # (Required):	Invoice Contact:
	Quote #:	Company:
	<input type="checkbox"/> Accounts Payable	Street Address:
	Send Invoice to email:	City, State Zip:

Product Information	Project Title (As to appear on final report): <i>Ex. Sodium Chloride Comparison</i>	
	Sample Identification (As appears on sample label): <i>Ex. Sodium Chloride, Lot# XXXX, Batch YYYY</i>	
	Controlled Substance <input type="checkbox"/> N/A DEA Schedule: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V *DEA Form 222 must be completed prior to sample submission	
	Number of Containers Submitted:	Quantity per Container:
Number of Containers for Test:	Number of Extra Containers:	
Store at:		Sample Disposition
<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C <input type="checkbox"/> Protect from Light		<input type="checkbox"/> Discard <input type="checkbox"/> Return – Account #:

Testing Information	<input type="checkbox"/> Method Suitability (LM 142)		<input type="checkbox"/> Routine		Specification	
	Technique		Technique		<input type="checkbox"/> Attached Document <input type="checkbox"/> Report Results <input type="checkbox"/> Other (write below)	
	<input type="checkbox"/> Direct Inoculation <input type="checkbox"/> Open Cup Filtration <input type="checkbox"/> Steritest (Closed Filtration)		<input type="checkbox"/> Per Established Method Suitability (Reference required)			
	Test Requirement		If Method Suitability has not been established, select one:			
<input type="checkbox"/> USP <71> <input type="checkbox"/> ISO 11737 <input type="checkbox"/> CFR 610.12		<input type="checkbox"/> Direct Inoculation <input type="checkbox"/> Open Cup Filtration <input type="checkbox"/> Steritest (Closed Filtration)				
Quantity	Device	Method				
<input type="checkbox"/> Pool <input type="checkbox"/> Individual <input type="checkbox"/> Device	<input type="checkbox"/> Entire <input type="checkbox"/> Fluid Pathway <input type="checkbox"/> Other:	<input type="checkbox"/> LM 141 (Validated Processes) <input type="checkbox"/> LM 246 (Early Phase / Unvalidated Processes) <input type="checkbox"/> Client Method (CLM or PR)				

Special Instruction	
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Client Approval	_____ Submitter Date (DD MMM YYYY)
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PLS ONLY	Date/Time Received by: _____ Delivered by: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other _____
	Received Condition: <input type="checkbox"/> Ambient <input type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Credo Cube _____ °C
	Placed in Quarantine: <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C
	WO#: _____ CS# (If Applicable): _____ Login Initial/Date: _____ Comments: