

**SAMPLE SUBMISSION FORM**

(Reference SRP-13)

7500 West Henrietta Road | Rush, NY 14543 | 585.533.1672 | fax 585.533.1796

Quotation # _____	PO# _____	FedEx/UPS # for return _____
Send Final Report To:		Billing Information:
Company: _____	Company: _____	
Contact: _____	Contact: _____	
Address: _____	Address: _____	
Email: _____	Email: _____	
Phone: _____	Phone: _____	

S&T#:		Sterilizer PO#:				
Δ (init./date)	Θ	Test	Sample Description	Quantity	Part #	Lot #
To be completed by Sterilizer: Sterilization Lot #: _____ Exposure date: _____ Initial/Date: _____						
	<input type="checkbox"/>	PCD/BI Sterility*		<input type="checkbox"/> Pos Control	N/A	
		Bioburden				
		USP Rabbit Pyrogen Test				
		Bacterial Endotoxin Test (BET) Chromogenic Method [‡]				
		EO Residual [‡] – unexposed				
		EO Residual [‡] – aeration time point: _____				
		Other: _____				

*For PCD/BI sterility reports, the Sterilization Lot# will be referenced on the test report. If additional information is required on the report (such as sterilizer load reference #, product lot #(s)/part #(s)), list here:

Comments or Special Handling Instructions:

Specification:**[‡]BET USP Endotoxin Limit:**

- ☐ Not more than 20.0 EU/device
☐ Not more than 2.15 EU/device
☐ Other: _____

[‡]EO Residual Testing:

- ☐ Reference CTR-_____
☐ Reference the attached Extraction Specifics Form

Exposed EO residual samples will be stored in the freezer unless otherwise indicated

Storage Conditions: All samples (except exposed EO residuals) will be stored at room temperature unless otherwise indicated.

- ☐ Room temperature ☐ Refrigerate (2-8°C) ☐ Freeze (-10 to -25°C) ☐ Other: _____

Sample Disposition: Product will be destroyed unless otherwise indicated

- ☐ Discard ☐ Return unused sample ☐ Return used and unused sample

Δ Sterilizer to initial and date when these samples are present in the shipment to Canyon Labs.

Θ Check box if samples are being submitted with the associated sterilization lot.

Results will be released via e mail.

Sponsor Authorization _____

Date _____

Unless other arrangements have been made, payment terms are net 30, quotes are valid for 30 days, prices are FOB Canyon Labs Rochester and are valid for 6 months after acceptance of the quote.

Internal Use Only

Received By _____

Date _____

Approved By _____

Date _____

Test Number(s): _____

GLP Study No(s): _____
(if applicable)