
	Ethylene Oxide Residuals Test Request Form	For Internal Use Only	
	Ship Samples To: Avista Pharma Solutions • Attn: Sample Login 104 Gold St. • Agawam, MA 01001 Email: login-ma@avistapharma.com	Sample #:	
		Rec'd by Date/Time	
		Rec'd Via:	

Billing / Requestor Information			
PO #:		Quote #: (if applicable)	
Report Attn:		Send Invoice To:	
Company:		Company:	
Address:		Address:	
City/State/Zip		City/State/Zip:	
Phone:		Phone:	
E-mail:		E-mail:	
Turnaround Time:	<input type="checkbox"/> Standard TAT	<input type="checkbox"/> Tier 1 STAT (50% surcharge/test)	<input type="checkbox"/> Tier 2 STAT (100% surcharge/test)
			<input type="checkbox"/> Tier 3 STAT (200% surcharge/test)

Test Article Information and Required Testing									
Quantity	Lot #	Sample Description (use description desired on final report)			Test Code	Test Specification		Client SOP # (if applicable)	
						<input type="checkbox"/>	ISO 10993-7		
						<input type="checkbox"/>	FIO		
						<input type="checkbox"/>	ISO 10993-7		
						<input type="checkbox"/>	FIO		
						<input type="checkbox"/>	ISO 10993-7		
						<input type="checkbox"/>	FIO		
						<input type="checkbox"/>	ISO 10993-7		
						<input type="checkbox"/>	FIO		
						<input type="checkbox"/>	ISO 10993-7		
						<input type="checkbox"/>	FIO		
						<input type="checkbox"/>	ISO 10993-7		
						<input type="checkbox"/>	FIO		
Extraction Time		Extraction Temp		Number of replicates required?	<input type="checkbox"/> Single (one device tested) <input type="checkbox"/> Multiple: # required:	Is a blank non-sterile device included?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sample Aeration	<input type="checkbox"/>	Performed at sterilizer	Sample Component Configuration	<input type="checkbox"/>	Single component	How are the components tested?*	<input type="checkbox"/>	Separately	
	<input type="checkbox"/>	Required at Avista		<input type="checkbox"/>	Multiple components*		<input type="checkbox"/>	Together	
	<input type="checkbox"/>	N/A		<input type="checkbox"/>	Other* (detail in comments)		<input type="checkbox"/>	Other (detail in comments)	

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Test Article Handling Information							
Shipping Condition:	<input type="checkbox"/>	Ambient	<input type="checkbox"/>	On ice	Storage Condition:	- 15 °C - -25°C Avista stores all ethylene oxide residual samples at this temperature until testing.	
	<input type="checkbox"/>	On dry ice					
Sample Characteristics: (check all that apply)	<input type="checkbox"/>	Hazardous (fill out below)			<input type="checkbox"/>	Controlled Substance (fill out below)	
		Hazard 1				DEA #	
		Hazard 2				DEA Schedule	
Sample Disposition:	<input type="checkbox"/>	Discard all samples		<input type="checkbox"/>	Return All Samples*	<input type="checkbox"/>	Return unused portions only*
	*Return via:		<input type="checkbox"/>	FedEx	<input type="checkbox"/>	UPS	Shipping Account #

Additional Testing Comments
<input type="checkbox"/> N/A

Signature: _____ Date: _____ Page _____ of _____

I have read and agree to the General Terms and Conditions as listed in the quotation.
 A Test Request Form and Purchase Order (PO) must be submitted with the product to initiate product testing services.
 Failure to submit completed Test Request Forms or include a PO may result in testing delays.