

	New Customer Product Inquiry Form	Document #: FRM 119 Page 1 of 1
<i>Form</i>		

Company Name: _____

Address Product Will Ship From: _____

Product Name & Description: _____

Product/Package Dimensions: L: _____ W: _____ H: _____ (.in cm)

Product Type: Medical Other (Please Specify): _____

Do we need to execute an NDA and/or CDA? Yes No One exists

Will this Product require a Claim of Sterility? Yes No

Will this Product require a process validation? Yes No

Does an established Fractional Cycle & Residual Data exist? Yes No Unknown

Has an extensive review of the AAMI/ISO 11135 standard been conducted? Yes No

Does the product currently have packaging that will allow EO to enter & escape? Yes No

Does the product have any temperature or pressure sensitivities/restrictions? Yes No

Has the product been subject to an EO Feasibility Study? Yes No

Does product require non-pyrogenic (LAL) testing? Yes No

Is this Product a Liquid? Yes No

Does the product have a Power Source? Yes No

Does this Product contain an Active Pharmaceutical Ingredient? Yes No

Can a sample be provided for technical review & cycle development? Yes No

Additional information: _____

Primary Contact: Name: _____

Phone: _____

Email: _____