	Customer Order Request	Document #: FRM 026
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This completed document must accompany orders to Infinity Laboratories. Information provided by the customer on this form will be the information that is used to generate all paperwork and processes associated with the run. **Call (707) 520-4500 for Infinity Laboratories assistance as required.**

Customer Information:

Today's Date:	Return Date:
Company:	Customer P.O. #:
Address:	
City, State, Zip:	
Phone:	Fax:
Customer Contact:	Email:
Accounts Payable Contact:	Email:

Product Information:


Product Description	Qty.	Lot#	P/N	S/N

Sterilization Parameters

Note: If the following information is missing, the run cannot be performed.

If required, PRO#: _____

Type of run requested	Production <input type="checkbox"/> EO Only <input type="checkbox"/> EO w/EPCDs <input type="checkbox"/> Validation <input type="checkbox"/> Batch Release <input type="checkbox"/>
Preconditioning time in chamber	Hours
Temperature	°C
Humidity	%
EO Exposure Time	Hours
Aeration time in chamber	Hours
External aeration	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , external aeration parameters: Time: hours Temperature: °C
With External Process Challenge Devices (EPCDs)	<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
With Internal Process Challenge Devices (IPCDs)	<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
With RH/Temperature Sensors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are these parameters per a Validated Cycle	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , Sterilization Run Report#: FRM
Special Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , detail in comments section.

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Return Shipment Method

Customer Pick-up	<input type="checkbox"/> Yes <input type="checkbox"/> No
Courier	<input type="checkbox"/> Yes <input type="checkbox"/> No
Courier Name:	Account #:
Commercial Shipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carrier Name	Account#:

Comments: _____

Infinity Laboratories does NOT accept contaminated product/material.

To Be Completed By Infinity Laboratories

Received By/Date: _____

Receiving # _____

Work order # _____