



**EO/ECH Residuals
Sample Submission Form**

Laboratory Use Only	
Accession Number:	
Received Date/Time:	
# of Samples Rec'd:	
Storage Conditions upon Receipt	

RUSH (additional charge)

Customer Information

Contact	
Company	
Street Address	
City, State, Zip	
Phone	
E-mail(s) for results	
PO #	

Billing Information

Contact	
Company	
Street Address	
City, State, Zip	
Phone	
E-mail(s) for invoicing	
Quote #	

Sample Information

All information must be complete before testing can be initiated.

Sample Description:		
Part Number:	Lot Number:	Surface Area (per device): <input type="text"/> cm ²
Total Quantity Submitted for Testing:	Storage Conditions: <input type="checkbox"/> Ambient <input type="checkbox"/> Frozen (ISO 10993-7)	

Testing Information

This information will be used for result release.

Sample Test Quantity	Sample Pooling	<input type="checkbox"/> Individual <input type="checkbox"/> Pooled (describe in additional info)	
Residual Analyte	<input type="checkbox"/> Ethylene Oxide (EO)	Limit: _____	
	<input type="checkbox"/> Ethylene Chlorohydrin (ECH)	Limit: _____	
Test Portion	<input type="checkbox"/> Entire Device <input type="checkbox"/> Other (describe in additional info)		
Extraction Method	<input type="checkbox"/> Immersion <input type="checkbox"/> Fluid Pathway		
Extraction Type	<input type="checkbox"/> Simulated <input type="checkbox"/> Exhaustive <input type="checkbox"/> Direct Inject/Liquid Sample (no extraction)		
Extraction Duration	EO Extraction Time/Temp:	_____ Hours (min. 1hr)	<input type="checkbox"/> 25±2°C <input type="checkbox"/> 37±2°C
	ECH Extraction Time/Temp:	_____ Hours (min. 1hr)	<input type="checkbox"/> 25±2°C <input type="checkbox"/> 37±2°C
Testing Standard	<input type="checkbox"/> ANSI/AAMI/ISO 10993-7 2008/(R)2012 <input type="checkbox"/> AAMI TIR 19:1998 & 19:1998/A1:1999		
Device Category	<input type="checkbox"/> Limited Use (<24hrs) <input type="checkbox"/> Prolonged Use (24hrs-30days) <input type="checkbox"/> Permanent Use (>30 days)		

Special Instructions

Check All that apply. Provide details in "Additional Information" below.

<input type="checkbox"/> Samples contain hazardous material (to prevent testing delays, please attach SDS to this request).	
<input type="checkbox"/> Do not cut or destroy samples during testing.	
<input type="checkbox"/> Return test samples:	Ship to: _____
<input type="checkbox"/> Return extra samples:	Priority: _____ Carrier: _____ Account #: _____
Additional Information:	

Signatures

Customer agrees to Infinity Laboratories' terms and conditions.

Customer: _____

Date: _____

Infinity Laboratories: _____

Date: _____