

	Customer Order Request	Document #: FRM 026
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This completed document must accompany orders to Infinity Laboratories or be submitted via email (see below). 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. **Email to scheduling@infinitylaboratories.com 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"/> Note: For Validation, do not fill in the below sterilization parameter section, it will be specified in the protocol
Preconditioning time in chamber	Minutes
Temperature	°C
Humidity	%
EO Exposure Time	Minutes
EO Canister Size	100g/446mg/L <input type="checkbox"/> 127g/567mg/L <input type="checkbox"/> 170g/759mg/L <input type="checkbox"/>
Aeration time in chamber	Hours
External aeration	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , external aeration parameters: Time: Hrs 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 "Production Cycle"	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , Sterilization Run Report FRM#:

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Are these parameters for a Non-clinical "EO Only" (R&D/Engineering cycles, Alternate sterilizer OK)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , 2X Sterilization <input type="checkbox"/> Yes <input type="checkbox"/> No Validated cycle Parameters <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
Commercial Shipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carrier Name	Account#:
Shipping Priority	

Special Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , detail in comments section.
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Comments: _____

Infinity Laboratories does NOT accept contaminated product/material.

To Be Completed by Infinity Laboratories

Received By/Date: _____

Receiving # _____

Work order # _____