

	<b>Customer Order Request</b>  <i>Form</i>	Document #: FRM 026  Page 1 of 2
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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](mailto:scheduling@infinitylaboratories.com) for Infinity Laboratories assistance as required.**

**Customer Information:**

Today's Date:	Return Date:
Company:	Customer P.O. #:
Address:	Quote:
City, State, Zip:	
Phone:	Direct Phone #
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 options: Production / EO Only / EO w/PCDs Validation / Batch Release	Type of run: 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 , 127g/567mg/L , 170g/759mg/L	<b>Size:</b>
Aeration time in chamber	minutes
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  <b>If yes</b> , 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/Sending samples for lab testing (provide required frm for sending samples)	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , detail in comments section.
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**Comments:** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**Infinity Laboratories does NOT accept contaminated product/material.**

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**To Be Completed by Infinity Laboratories**

Received By/Date: \_\_\_\_\_

Receiving # \_\_\_\_\_

Work order # \_\_\_\_\_