

 Eurofins Infinity Laboratory Group, Inc.	Customer Order Request	Document #: FRM 026 Page 1 of 2
<i>Form</i>		

This completed document must accompany orders to Eurofins Infinity Laboratory Group, Inc. or be submitted via email (see below). Information provided by the customer on this form will be used to generate all paperwork and processes associated with the run. **Email to scheduling@infinitylaboratories.com for Eurofins Infinity Laboratory Group, Inc. 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: (if more space is required to list all products, email scheduling@infinitylaboratories.com)

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	Size:
Aeration time in chamber	Minutes
External aeration at ambient room temperature	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify duration: Time: Hrs
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#:

Are these parameters for a Non-clinical "EO Only" (R&D/Engineering cycles, Alternate sterilizer OK) If this is a production run, SKIP this section	<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/Sending samples for lab testing (provide required frm for sending samples)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, detail in comments section.
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Comments: _____

Eurofins Infinity Laboratory Group, Inc. does NOT accept contaminated product/material.

To Be Completed by Eurofins Infinity Laboratory Group, Inc.

Received By/Date: _____

Receiving # _____

Work order # _____