



MEDICAL DEVICE Test Request Form

Laboratory Use Only	
Accession Number	_____
Logged By/Date/Time	_____
MOC	<input type="checkbox"/> With sample <input type="checkbox"/> Other: _____

Purchase Order #:	Quote #:
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Customer Information	
Contact:	
Company:	
Phone:	
Email:	
Address:	
City:	State:
Zip:	Country:

Billing Information		Same as Customer <input type="checkbox"/>
Contact:		
Company:		
Phone:		
Email:		
Address:		
City:	State:	
Zip:	Country:	

Sample Information	
<i>Please use exact wording to be included on final report</i>	
Sample Description:	
Part Number:	Sample Storage: <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate
Lot Number:	Sample Disposition: <input type="checkbox"/> Discard <input type="checkbox"/> Return
Quantity Submitted for Testing: <input type="checkbox"/> Individual <input type="checkbox"/> Pooled	Testing priority: <input type="checkbox"/> Standard <input type="checkbox"/> RUSH (extra charge)
Additional Information:	

Test Requested

Bioburden Testing

- | | | | |
|---|--|---|---|
| 1 | <input type="checkbox"/> Immersion | 2 | <input type="checkbox"/> <i>plus</i> Yeast/Mold |
| | <input type="checkbox"/> Fluid Pathway | | <input type="checkbox"/> <i>plus</i> Sporeformers |
| | <input type="checkbox"/> Solution | | <input type="checkbox"/> <i>plus</i> Anaerobes |
| | | | <input type="checkbox"/> <i>plus</i> Dilutions: _____ |

Bioburden Extraction Efficiency

- Multiple Wash
- One Wash

Endotoxin Testing (provide acceptance criteria)

- Device:
- Immersion
 - Fluid Pathway
 - Solution

Water Testing (provide acceptance criteria)

- Heterotrophic Plate Count (volume _____)
- Coliform Detection
- pH
- Conductivity
- Total Organic Carbon

Sterility Testing—ANSI/AAMI 11137-2

- Method 1: Immersion Fluid Pathway
- VD_{max}: Immersion Fluid Pathway
- Other: _____
- Method Suitability Test** (provide organisms and incubation temperatures)
 - Sterility Testing of Bioindicators**
Incubation Duration: _____
Incubation Temperature: _____ °C
 - Bioindicator Population Verification**
 - Environmental Monitoring**
1st Incubation Temperature: _____ °C
1st Incubation Duration: _____
2nd Incubation Temperature: _____ °C
2nd Incubation Duration: _____
 - Bacterial Gram Stain Identification**
 - Microorganism Identification—DNA Sequencing**
 - Ethylene Oxide Residual Testing (attach F-206)**
 - Other** _____

Customer Signature:	Date:
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Client agrees to Infinity Laboratories' terms and conditions.