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|---|-------------|---|
| Business Name: | | |
| Contact Name: | | |
| E-Mail: | | Phone: |
| Description of Goods [Supply Product Name and Customer's Product Reference Number(s) as attachments]: | | |
| Quantity: | Total Items | No. of Pallets |
| Purchase Order/Biosecurity Direction/Import Permit Reference: | | |
| Does your goods contain hazardous material? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please supply SDS) | | |
| TREATMENT REQUESTED | | |
| Gamma Irradiation (kGy) | | Ethylene Oxide (EO) Fumigation |
| Biosecurity Import/Export, Non-Medical, Non-Regulated purposes | | |
| <input type="checkbox"/> Unvalidated – Minimum Ref _{Dose} : | | <input type="checkbox"/> Biosecurity Cycle |
| ISO 11135, ISO11137, TGA, FDA or APVMA purposes | | |
| <i>Under the above-listed regulations, <u>at a minimum</u>, a single product validation must be performed for the purpose of sterilization.</i> | | |
| <input type="checkbox"/> Initial Validation <input type="checkbox"/> Revalidation – Loading Pattern No.: <input type="checkbox"/> Routine – Loading Pattern No.: | | <input type="checkbox"/> Routine – RPI No.: <input type="checkbox"/> Validation – RPI No.: |
| Ref _{Dose} : | Min | Max |
| Are the goods intended for import into the US market? <input type="checkbox"/> No | | |
| NOTE: If the products are not medical goods, <input type="checkbox"/> Yes [Supply NDC/510(k) details as attachments] | | |
| Goods Storage Conditions: (tick one) <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Customer-Specific (state below) | | |
| Special Processing/Storage Requirements: | | |
| CUSTOMER DECLARATION | | |
| <i>I do hereby authorize Steritech Pty Ltd (located at Wetherill Park, NSW) to arrange for the treatment of the above-nominated delivered goods. I understand the terms of treatment will be in accordance with the relevant Steritech Agreement for Processing.</i> | | |
| Name: | Signature: | Date: |