



STERITECH
Protecting what matters

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FRM-0241 Rev. 00 QLD Request for Treatment of Blood Serum

All fields marked with an asterisk (*) are mandatory and required to be completed for all request submissions.

Customer Details

*Company Name: *Business Phone: Mobile Phone:

*Contact Name: *Email:

Consignment Details

Customer PO/Reference: *Product DMin–DMax Dose Range: *Reference Dosimeter Dose Range: *RPI Number:

kGy kGy

*Quantity: *Unit Volume (ml): *Batch Reference: Other Details: *Labelling:

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Line 6:

Extra Details, Requirements and Requests (for example, requirements around shipping, transport, temperature logger(s), form(s), etc.):

Authorisation

I authorise this consignment to be irradiated and confirm the details are correct and true.

*Name: *Signature: *Date (if not using Digital ID):