
Request for Irradiation Treatment

Date: _____

Business (User) Name: _____

Contact Name: _____

Business Address: _____

Phone Number: _____

Email Address: _____

Description of Goods: _____

Please provide a description of the product/s, e.g. medical devices, pharmaceutical, packaging, imported goods for Quarantine treatment, polymers for cross-linking, etc.

Quantity: Carton _____ Pallets _____

Purchase Order No (if applicable): _____

5 10 15 25 50

Minimum Irradiation
Dose Required (kGy) :

Other: Please State: _____

I/we do hereby authorise Steritech Pty Ltd to arrange for the treatment of said goods by Gamma Irradiation, and further agree **not** to hold Steritech Pty Ltd responsible for any damage which may be caused during treatment or carriage of the goods.

Signed: _____ Name: _____

Please return form by email or in person:

Email: rbryden@steritech.com.au & scrowe@steritech.com.au