

FRM-0217 Rev. 07

Request for Treatment

Business Name:				Contact Name:						
E-Mail: Phone:										
Description of Goods [Supply as attachment if more table line entries are required]:										
Product Code Batch/Lot Number		Product Name/Description						Quantity		
Does your goods contain hazardous material? ☐ No ☐ Yes (Pl				Please supply	SDS)	Total Quantity of Outers:	To	tal Quantity of Pallets	Delivered:	
Purchase Order/Biosecurity Direction/Import Permit Reference (please attach):										
Treatment Requested	Biosecurity Import/Export, Non-Medical, Non-Regulated purposes				ISO11135, ISO11137, TGA, FDA or APVMA purposes der the above-listed regulations, <u>at a minimum</u> , a single product validation must be performed for the purpose of sterilization.					
Gamma	☐ Unvalidated – Minimum Ref _{Dose} :		kGy	☐ Initial Valid	lation	☐ Revalidation – Loading P	attern No.	🗆 Routine – Load	ling Pattern No	
Irradiation				Ref _{Dose} :		Minimum	kGy	Maximum	kGy	
Ethylene Oxide	☐ Unvalidated – Biosecurity EO Cycle ☐ Rou				ine – RPI No.: □ Validation – RPI No.:					
Are the goods intended for import into the US market? NOTE: If the products are not medical goods, select 'No'. NOTE: If the products are not medical goods, select 'No'.										
Goods Storage Conditions: ☐ Uncontrolled ☐ Customer-Specific (state below)					CUSTOMER DECLARATION					
Special Processing/Storage Requirements:						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 Quality Service Agreement.				
					Name	:	Signatu	ire:	Date:	