STERITECH
Protecting what matters

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 (Please supply SDS)	Total Quantity of Outers: Total 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*** *Under the above-listed regulations, at a minimum, a single product validation must be performed for the purpose of sterilization.*
Gamma Irradiation	☐ Unvalidated – Minimum Ref_{Dose}: kGy	☐ Initial Validation ☐ Revalidation – Loading Pattern No. …. ☐ Routine – Loading Pattern No. …. Ref_{Dose}: Minimum kGy Maximum kGy
Ethylene Oxide	☐ Unvalidated – Biosecurity EO Cycle	☐ Routine – 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'. ☐ No ☐ Yes [Supply NDC/510(k) details as attachments]

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: Signature: Date: