STERITECH
Protecting what matters

Steritech Pty Ltd
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REQUEST FOR IRRADIATION TREATMENT

Date: _____

Business (User) Name: _____

Contact Name: _____

Business Address: _____

Phone Number: _____

Email Address: _____

Description of Goods: _____

Product code/s: _____

Batch number/s: _____

Additional description: _____

e.g. medical devices, pharmaceutical, packaging, imported goods for Quarantine treatment, polymers for cross-linking, etc.

Quantity: _____ cartons _____ pallets

Purchase Order No (if applicable): _____

Are the goods intended for import into the US market?
NOTE: If the products are not therapeutic goods, select NO.

☐ No ☐ Yes (Supply NDC/510(k) details as attachments)

Gamma Irradiation Treatment Requested (*tick one*)**:**

☐ **Routine Unvalidated (or Biosecurity)**
Minimum Irradiation Dose Required (kGy): 5☐ 10☐ 15☐ 25☐ 50☐ Other☐_____

☐ **Routine (Validated)** – RPI No: _____
Minimum Dose Required :_____ kGy
Maximum Dose Required (if applicable): _____ kGy

☐ **Validation** – RPI No: _____ Minimum Dose Required (kGy):_____

I/we do hereby authorize 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 to rbryden@steritech.com.au & amarquina@steritech.com.au