

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 following emails: rbryden@steritech.com.au
amarquina@steritech.com.au
admindan@steritech.com.au