



Service Order Form - DEA

Job #: _____

CUSTOMER INSTRUCTIONS:

Please enter the information electronically for ease of readability.

Order may be delayed if Customer Section is not complete or incorrect.

This form must accompany all orders and send to receiving@steri-tek.com

| To Be Completed by Customer (n/a when appropriate, use wording as you would like it to appear on final report) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|------------------------|--|------------------------|-------|--------------------|-------|-------------------|-------|--------------------------------------|-------------------------------------|-----------------|--|-----------|-------------------------------|-------------------|--|--|---|--------------------------------------|-----------------------------------|----------------------------|--|------------------------------------|---------------------------------------|--|----------------------------------|
| Company Name: _____ Contact Name(s): _____ Address: _____ City/State/Zip: _____ Phone Number(s): _____ _____ Email Address(s): _____ _____ Est. Arrival Date: _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; background-color: #f2f2f2;">Processing Information</th> </tr> <tr> <td>Processing Code (PPS):</td> <td>_____</td> </tr> <tr> <td>Target Dose (kGy):</td> <td>_____</td> </tr> <tr> <td>Dose Range (kGy):</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> RST Service</td> <td><input type="checkbox"/> Split Dose</td> </tr> <tr> <th colspan="2" style="text-align: left; background-color: #f2f2f2;">Turnaround Time</th> </tr> <tr> <td>Standard:</td> <td><input type="checkbox"/> 48 h</td> </tr> <tr> <td>RUSH (Add'l Fee):</td> <td><input type="checkbox"/> 24 h <input type="checkbox"/> 4 h</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 2 h <input type="checkbox"/> 1 h</td> </tr> <tr> <td><input type="checkbox"/> RST Project</td> <td><input type="checkbox"/> Rush RST</td> </tr> <tr> <th colspan="2" style="text-align: left; background-color: #f2f2f2;">Environmental Conditioning</th> </tr> <tr> <td><input type="checkbox"/> Room Temp</td> <td><input type="checkbox"/> Refrigerator</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Freezer</td> </tr> </table> | Processing Information | | Processing Code (PPS): | _____ | Target Dose (kGy): | _____ | Dose Range (kGy): | _____ | <input type="checkbox"/> RST Service | <input type="checkbox"/> Split Dose | Turnaround Time | | Standard: | <input type="checkbox"/> 48 h | RUSH (Add'l Fee): | <input type="checkbox"/> 24 h <input type="checkbox"/> 4 h | | <input type="checkbox"/> 2 h <input type="checkbox"/> 1 h | <input type="checkbox"/> RST Project | <input type="checkbox"/> Rush RST | Environmental Conditioning | | <input type="checkbox"/> Room Temp | <input type="checkbox"/> Refrigerator | | <input type="checkbox"/> Freezer |
| Processing Information | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Processing Code (PPS): | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Target Dose (kGy): | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose Range (kGy): | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> RST Service | <input type="checkbox"/> Split Dose | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Turnaround Time | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Standard: | <input type="checkbox"/> 48 h | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RUSH (Add'l Fee): | <input type="checkbox"/> 24 h <input type="checkbox"/> 4 h | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 2 h <input type="checkbox"/> 1 h | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> RST Project | <input type="checkbox"/> Rush RST | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Environmental Conditioning | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Room Temp | <input type="checkbox"/> Refrigerator | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Freezer | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ↓ Information below must match CSSR(s) ↓ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shipper DEA No.: _____ PO Number: _____ Shipper Box Count: _____ Processing Box Count: _____ Total Units: _____ Dosage Form: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lot Numbers, Box Contents, Shipper Contents, Tracking Information: Please fill out Steri-Tek Form 40-6.2-24 Controlled Substance Shipping Record (CSSR) for all incoming and outgoing shipments. Complete forms must accompany all shipments. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information & Special Handling/Processing Instructions: (If necessary, may reference additional documents) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Steri-Tek has permission to unpack shipper box(es) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form continues the next page. →



Service Order Form - DEA

To Be Completed by Customer (continued)

Return Shipping Information Check if location and contact **same** as above Check if **in addition** (split shipment)

| | |
|--|----------------------------------|
| Contact Name: _____ | Return Via: _____ |
| Address: _____ | Return Speed: _____ |
| City/State/Zip: _____ | Account #: _____ |
| Phone Number(s): _____ | Insure for: _____ |
| Email Address(s): _____ | Return Facility DEA No. _____ |
| Contact when done <input type="checkbox"/> (specify details below) | |

Additional Information Special/Additional Shipping Instruction: (If necessary, may reference additional documents)

| | |
|-----------------------------|-------------|
| Authorized Signature: _____ | Date: _____ |
| Print Name: _____ | |

Please notify Steri-Tek immediately upon receipt of order confirmation if there are any changes to be made to your order. We cannot guarantee any changes after the order confirmation has been sent.

To Be Completed by Steri-Tek

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A |
| Changes or discrepancies resolved/authorized? (detail in comments) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Order Accepted Date: _____ Time: _____

Est. Completion Date: _____ Time: _____

Current PPS DCO#: _____ (NA if not applicable)

Comments: _____

Order Entered By: _____ Date: _____

Customer Contacted for Pick-up or Shipment Scheduled Initial & Date: _____