



Service Order Form

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: _____	Processing Information		
Contact Name(s): _____	Processing Code (PPS): _____		
Address: _____	Target Dose (kGy): _____		
City/State/Zip: _____	Dose Range (kGy): _____		
Phone Number(s): _____	<input type="checkbox"/> RST Project <input type="checkbox"/> Split Dose		
Email Address(s): _____	Turnaround Time		
Arrival Date/Inbound Tracking: _____	Standard: <input type="checkbox"/> 48 h		
↓ (Please use the exact wording you want to appear in the final report) ↓	RUSH (Add'l Fee): <input type="checkbox"/> 24 h <input type="checkbox"/> 4 h		
P.O. Number: _____	<input type="checkbox"/> 2 h <input type="checkbox"/> 1 h		
Pallet/Shipper Box Count: _____	<input type="checkbox"/> RST Project <input type="checkbox"/> Rush RST		
Processing Units/Boxes Count (Type): _____	Environmental Conditioning		
*Please use table below or submit an additional Materials List Spreadsheet			
Product Description:	Part Number	Lot Number	Quantity
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

To Be Completed by Customer (continued)

Return Shipping Information Check if location & 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): _____	
_____	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: _____
<input type="checkbox"/> Customer Contacted for Pick-up or Shipment Scheduled	Initial & Date: _____