



# 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](mailto: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: _____	<b>Processing Information</b>
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
_____	<b>Turnaround Time</b>
Email Address(s): _____	Standard: <input type="checkbox"/> 48 h
_____	RUSH (Add'l Fee): <input type="checkbox"/> 24 h <input type="checkbox"/> 4 h
Arrival Date/Inbound Tracking: _____	<input type="checkbox"/> 2 h <input type="checkbox"/> 1 h
↓ (Please use the exact wording you want to appear in the final report) ↓	<input type="checkbox"/> RST Project <input type="checkbox"/> Rush RST
P.O. Number: _____	<b>Environmental Conditioning</b>
Pallet/Shipper Box Count: _____	<input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerator
Processing Units/Boxes Count (Type): _____	<input type="checkbox"/> Freezer

\*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)

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: _____
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<input type="checkbox"/> Customer Contacted for Pick-up or Shipment Scheduled	Initial & Date: _____
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