

## Life Science Laboratories - Rush

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Send Final Report T Company Attention	<b>`o</b> :		Billing Info Address (	ormation: If different than repo	ort to)	
Address						
City Stat		tate				
		ountry	Purchase	Purchase Order #		
Phone	Fa	ах	Quote # /	Cost		
Email			Sample R	eplacement Value		
Sample Information Test Name/G		Number of	Des dust Nov			Other
(ISO, AAMI, U		Samples	Product Nam	ne	Lot Number	Identifier
Storage Conditions Room temperature Refrigerate (2-8°C Freeze (-10 to -25 Other	:)	Elastome	olymer/metal er naterial, composite, laminate	Safety Precautions Safety Precautions Solution S	vn (standard precauti ed	ions will be used)
Sample Disposition* Discard Return unused sa Return used and u *Product will be destr	inused sample	wise indicated	Retum Instructions (if ap UPS FedEx Other Account #	plicable)		
Test Requirements	(nlease comple	ete where appl	icable)			
Test Requirements (please complete where applic         Extraction Condition Options         121°C - 1 hour         70°C - 24 hour         50°C - 72 hour         37°C - 72 hour (not applicable for USP Class plastics)		ICADIE) Extracting Media Options	Extracting Media Options			
		• • •	Saline, vegetable oil, alcohol:saline, & polye	Saline, vegetable oil, 1:20 alcohol:saline, & polyethylene glycol (Class VI USP plastics only)		☐ Direct contact ☐ Extract
☐ 37°C - 24 hour (cy ☐ Other:	totoxicity testing in	n SS MEM)	Serum supplemented (Elution-cytotoxicity to			
			Other:			
🗌 Do NOT sub-divide (	cut) test sample fo	or extraction (Test	sample will be cut into the approp	priate sizes needed for	testing unless box is	s checked.)
Do NOT test entire a	rticle (Entire samp	ole will be tested u	nless box is checked. Identify sp	ecific components or n	naterials to be exclud	ded below.):



## TOXICOLOGY SAMPLE SUBMISSION FORM (Reference SRP-021)

Samples Submitted are:	Sterilization Method	Implantation Evaluation*	
$\Box$ Sterile, processed by indicated method $\rightarrow \rightarrow \rightarrow$	EtO	histopathology (ISO)	
	steam	macroscopic	
$\Box \text{ process per selected method} \rightarrow \rightarrow \rightarrow \rightarrow$	🗌 gamma		
not intended to be sold or used sterile for clinical use*	☐ other		
NOTE*: Samples for histology and post mortem clinic Rochester. Samples that are sold and used st submitted for implantation testing must be subm	terile shall be submitted sterile or be ste	rilized by the intended method prior to testing	
Results to be Released By			
email (pdf)			
☐ fax			
🗌 US mail			
☐ US mail ☐ UPS or FedEx account:			
UPS or FedEx account: Sponsor contact for questions pertaining to testin Comments or Special	ng (print name):		
UPS or FedEx account: Sponsor contact for questions pertaining to testin Comments	ng (print name):		
UPS or FedEx account: Sponsor contact for questions pertaining to testin Comments or Special	ng (print name):	Internal Use Only	
UPS or FedEx account: Sponsor contact for questions pertaining to testin Comments or Special	ng (print name):		
UPS or FedEx account:  Sponsor contact for questions pertaining to testin Comments or Special Instructions	Date Received I nent terms are net 30, Medical Devices Group,	By Date	