



Protocol Designation: SPP001	
Protocol: Receiving, processing and releasing customer supplied product	
Version: 5	ECN# #66
Page number:	Attachment 1

PART A - CLIENT INFORMATION Ship all devices to: Andersen Scientific, Inc., 200 Trans Air Drive; Suite 100; Morrisville, NC 27560
 please PRINT CAREFULLY - this form is used for shipping purposes

Facility / Company name		Contact phone number	e-mail address	
Ship to name		Ship to address		
City	State	Zip code	PO number (or ship date)	Device lot number (if applicable)

PART B - DEVICE DISPOSITION

Devices are not for human use AND not labeled as sterile.
 Devices are not labeled as single-use devices.
 Devices have been properly cleaned and packaged.

PART C - STERILIZATION CYCLE

Use Andersen's standard >16-hour sterilization process at 50±3°C.
 Use Andersen's standard >16-hour sterilization process at <33°C.
 Request a custom sterilization cycle - GO TO PART E.

PART D - VALIDATION

Devices are not validated (not labeled sterile).
 Devices submitted have been validated by Andersen.
 Devices are for single-lot release (batch release).

PART E - CUSTOM CYCLE

a) Preconditioning specification
 b) Sterilization temperature °C Sterilization time hrs
 c) Aeration temperature °C Aeration time hrs

PART F - WEEKEND CYCLE

Check here if your devices can remain in the sterilizer (at temperature) over the weekend. This allows for faster processing for devices arriving on Friday.

PART G - RETURN SHIPPING

First overnight (8:30am) Priority overnight (10:30am) Std. overnight (4:30pm) 2-day Ground label provided

We would like to use Andersen's account (added to invoice) We would like to use our FedEx account. Our number is

We request additional insurance (default is approx. \$100). Please indicate actual insurance value is US dollars \$

PART H - DEVICE DESCRIPTION Please provide a brief description of the devices to be sterilized or attach a packing slip.

Total quantity of devices*	

PART I - ANDERSEN PACKAGING

I have packaged and sealed my devices in appropriate ETO pouches
 Andersen will package my devices (ONLY FOR NON-HUMAN USE DEVICES).
 Andersen will package my validated devices (sealer validation required).

PART J - SPECIAL INSTRUCTIONS

PART K - AUTHORIZATION Customer signature is required before sterilization can commence.

Customer signature _____ Print Name _____ Date _____

PLEASE CHECK THAT PARTS A THROUGH K ARE COMPLETE - FAILURE TO DO SO MAY LEAD TO PROCESSING DELAYS

Date received: ____/____/____ Received by: _____ Assigned control No. _____