



Protocol Designation		SPP005				
Protocol	Process Request Form (PRF)					
Version	11	ECN#	324	Page Number	Attachment 1	

**PART A - CLIENT INFORMATION**

Ship devices to: **Andersen Scientific, Inc., 1001 Aviation Parkway, Suite 600, 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	Device lot number (if applicable)	

**PART B - DEVICE DISPOSITION**

Devices are to be processed in a validated cycle  
 Devices are to be processed in a qualified cycle  
 Devices are non-validated (not labeled as sterile)

**PART E - DEVICE PACKAGING**

I have packaged and sealed my devices in appropriate EO packaging  
 Andersen will package my non-validated devices  
 Andersen will package my validated devices (sealer validation required)

**PART C - STERILIZATION CYCLE**

Process according to my parameters attached (SPP004)  
 Use my validated process (validated clients only)

**PART F - WEEKEND CYCLE**

Authorize devices to be sterilized at exposure temp. over the weekend

**PART D - SINGLE-USE DEVICES**

Devices are not labeled as single-use devices  
 Devices are single-use but are not for human use  
 Devices are single-use but OEM manufactured

**PART G - SPECIAL INSTRUCTIONS**


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**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 - RETURN SHIPPING**

First overnight    Priority overnight    Std. overnight    2-day    Express Saver    Ground    Label provided    Pick-up  
 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 J - AUTHORIZATION**

Customer signature is required before sterilization can commence.

Customer signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

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

Date received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Received by: \_\_\_\_\_ Assigned control No. \_\_\_\_\_