



SteriTek

Expert Sterilization Services

Service Order Form

Tips and Best Practice





Service Order Form

Job #: _____

CUSTOMER INSTRUCTIONS:

*Please enter the information electronically for ease of readability.
Order may be delayed if customer sections are not complete or is incorrect.
Pages 1 and 2 of this form must accompany all orders.*



Facility (To Be Completed by Customer)
<input type="checkbox"/> Fremont
<input type="checkbox"/> Lewisville

Facility location is REQUIRED

- Please pull SOF from our website for our most up to date version. Note, old versions will not be accepted and will delay your order.
- Email SOF to receiving@steri-tek.com and include in packing slip.
- <https://www.steri-tek.com/wp-content/uploads/2023/06/Service-Order-Form-2.pdf>

To Be Completed by Customer (N/A when appropriate, use exact wording you

Company Name:	
Contact Name(s):	
Address:	
City/State/Zip:	
Phone Number(s):	
Email Address(es):	
Arrival Date/Inbound Tracking:	

Required

Company name & address must match what was submitted on the original customer contact sheet

- If company name/address has changed, please resubmit customer contact sheet to customer success and quality

Processing Information

Processing Code (PPS):

Target Dose (kGy):

Dose Range (kGy):

RST Service Split Dose

RST service is for a validation project or a dose map project

If using split dose, please use x+x as your target dose. This indicates your product will be processed 1+ times.

Required

Your PPS code is specific to your company. You can find it in your QA confirmation email.

- Target dose is referring to the EXTERNAL dose delivered
- Dose range is +/- 10% of the target dose for R&D runs
- Please refer to your PPS for your validated codes when filling out the SOF

Turnaround Time	
Standard:	<input type="checkbox"/> 5 Business Days
RUSH (Add'l Fee):	<input type="checkbox"/> 24 hrs. <input type="checkbox"/> 4 hrs.
	<input type="checkbox"/> 2 hrs. <input type="checkbox"/> 1 hr.
<input type="checkbox"/> RST Project	<input type="checkbox"/> Rush RST

Required

Turnaround times listed is in business days

Turnaround time is
REQUIRED

- RST is for validation project or a dose map project only
- Please contact Steri-Tek for x-ray turnaround times. Times listed are for e-beam only

Environmental Conditioning

- Room Temp
- Refrigerator
- Freezer

Required

Refrigerator: 2 to 8 degrees Celsius

Freezer: -16 to -28 degrees Celsius

Freezer: -80 degrees Celsius available pending advanced notice and capacity *Only available in FCA*

Environmental conditioning is
REQUIRED

- If refrigerator/freezer is selected, you must list a minimum dwell time pre AND post processing in the special instructions

P.O. Number:	<input type="text"/>	Required
Pallet/Shipper Box Count:	<input type="text"/>	
Processing Units/Boxes Count (Type):	<input type="text"/>	

All sections REQUIRED

- Pallet/shipper box count is the number of boxes we will receive off the truck
- Processing units/boxes count (type) is the number of processing boxes we will be placing on the tote
- If no PO number is established, TBD to be used in its place

*Please use table below or submit an additional Materials List Spreadsheet			
Product Description:	Part Number	Lot Number	Quantity

Required

Information entered in these sections is what will appear on reports post irradiation.

All sections **REQUIRED**.
 May use N/A if needed

- If you require more than the provided lines, please use the materials spreadsheet – email receiving and customer success for a copy

*Required if requesting an RST
job, single layer repack, and internal dosimeters.*

Additional Information & Special Handling/Processing Instructions: (If necessary, may reference additional documents)

Steri-Tek has permission to unpack processing boxes)

Special instructions are optional.

- If you have more than 3 special instructions, the R&D amendment form found on our website is **REQUIRED**. Simply state, “see amendment form attached,” in the special instructions.
- If we do not have the required amendment form, your job may be delayed.

To Be Completed by Customer (continued)

Return Shipping Information Check if location & contact same as page 1 Check if in addition (split shipment)

Contact Name:		Return Via:	
Address:		Return Speed:	
City/State/Zip:		Account #:	
Phone Number(s):		Insure for:	
Email Address(es):			

Contact when done (specify details below)

Additional Information Special/Additional Shipping Instruction: (If necessary, may reference additional documents)

Authorized Signature: _____ Date: _____

Print Name: _____

Required

If required fields are missing it may delay your shipment.

- Please note - tracking numbers are sent by the courier, not from a Steri-Tek email. We can provide them for you but please check your spam.

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	
Changes or discrepancies resolved/authorized? (detail in comments) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Order Accepted	Date: _____ Time: _____
Est. Completion	Date: _____ Time: _____
Current PPS CO#:	_____ (NA if not applicable)
Comments: _____	
Order Entered by:	Date:
<input type="checkbox"/> Customer Contacted for Pick-up or Shipment Scheduled	Initial & Date:

This section to be filled out by Steri-Tek. This is where you can find your estimated completion date (ship date).

- Please note – we cannot guarantee any changes after the order confirmation has been sent. If you have change requests contact Steri-Tek as soon as possible.

Questions?



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