



Questions required for our services agreement

Please complete the following questions so that we can generate the required sterilization paperwork.

Company information:

- a) Full company name:
- b) Company address:

- c) State incorporated in:
- d) Contact name for the person responsible for sterilization:
- e) Contact phone number:
- f) Contact email:
- g) Contact fax number:
- h) Alternative contact name:
- i) Alt. contact phone number:
- j) Alt. contact email:

Cycle exposure options:

- k) Can your devices stay in the sterilizer at the specified exposure temperature over the weekend? Yes No
(facilitates fast turnaround in the event that devices arrive on Friday)
- l) Please indicate you cycle preference:
Standard 50°C cycle
Low temperature 30°C
Custom temperature cycle

Device packaging and validation:

- m) Acknowledge that you are responsible for properly packaging the devices for sterilization: Acknowledged No
Your intent is to have Andersen Products package your devices (validation MAY be required)
- n) Acknowledge that you are not labeling and / or marketing the devices as sterile: Acknowledged N/A
(check N/A if your intent is to have Andersen Scientific validate your devices)

Please complete this form and e-mail it to victoria@ansci.us & daryl@ansci.us