



Protocol Designation: SPP005	
Protocol: Receiving, processing and releasing customer supplied product	
Version: 10	ECN# 245
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	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

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

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. _____