Research & Development Request Form

Contact

First Name

Last Name

Company

Phone

Email

Product

Product Description

Contains Batteries?
☐ Yes ☐ No

Requires Aeration?
☐ Yes ☐ No

If **Yes**, how long? ____ hours

Package

Package Dimensions
____ " Length ____ " Width ____ " Height

Contains Bubblewrap?
☐ Yes ☐ No

Delivery

NOTE: Do NOT ship your product until you have received processing approval, labeling instructions, and an associated quote.

Expected delivery date to Steritec?

Method of delivery to Steritec? ☐ UPS ☐ FedEx ☐ DHL ☐ USPS ☐ Self Delivery

Processing

Desired date range for completion:
Start Date End Date

Sterilization Cycle Number

Processing continued

Do you require a cycle report or other process documentation?

☐ Yes ☐ No

If **Yes**, please specify any process associated documentation you require:

Return

NOTE: If returning product to a laboratory, a completed test request form is required.

Return shipping method?

☐ UPS ☐ FedEx ☐ DHL ☐ USPS ☐ Self Pick Up

If returning by shipping service, attach a return label or provide the following billing information:

Shipper/Account # Account ZIP Code

Return shipping speed?

☐ Standard ☐ Expedited ☐ Same-Day Other

Return Destination:

Company

Attention

Address

City State ZIP

Special shipping conditions? (temperature, packing, etc.)