



Protocol Designation: SPP001	
Protocol: Receiving, processing and releasing customer supplied product	
Version: 7	ECN# 138
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 (or ship date)	Device lot number (if applicable)

PART B - DEVICE DISPOSITION

Devices are validated
 Devices are non-validated (not labeled as sterile)

PART E - DEVICE PACKAGING

I have packaged and sealed my devices in appropriate ETO pouches
 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

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 (8:30am) Priority overnight (10:30am) Std. overnight (4:30pm) 2-day 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. _____