**PART 1. CONTACT INFORMATION**

Client Name. Phone number. Date:

**PART 2. IDENTIFY DUNNAGE:** (filler product that may not be functional but is representative of real product):

| Device description | Lot numbers | QTY |
|---|---|---|
| | | |
| | | |

Do you want dunnage devices returned after validation? ☐ Yes ☐ No

**Note:** Dunnage devices can be used for future requalification events, so please store them for later use.

**PART 3. IDENTIFY REAL FUNCTIONING PRODUCT:** (for third-party testing i.e., bioburden, sterility, etc.)

| Test allocation | Device description | Lot numbers | QTY |
|---|---|---|---|
| 1. Bioburden | | | |
| 2. BB Recovery | | | |
| 3. Sterility | | | |
| 4. B/F | | | |
| 5. EO/ECH | | | |
| 6. LAL | | | |
| 7. Functionality | | | |

☐ I/We acknowledge we have labeled real product with the appropriate test allocation.
☐ I/We acknowledge that all real functioning product is non-sterile.

**Please check one of the following:**

☐ Discard devices in lines 1 – 6 and return only line 7 so we can perform product functionality testing.
☐ Return all devices 1 – 7. Please check the below acknowledgement box.

☐ I/We acknowledge that fees may be applied for any cleaning and shipping of devices used in lines 1 – 6 as necessary to comply with shipping regulations. We also acknowledge that these devices may have been cut and immersed in media and/or extraction mediums and may not be fit for its original purpose.

**PART 4. RETURN SHIPPING OF DUNNAGE AND REAL FUNCTIONING PRODUCT** (if applicable).

Please check one of the following:

☐ Use Andersen's FedEx account. Andersen will forward these direct costs to me.
☐ Use our FedEx account number
☐ We will provide a shipping label

**Release of validation product as saleable product:**

☐ I/We acknowledge that the devices used in this validation may not be suitable for commercial sale.

If you believe the devices are fit for future use, they must be submitted to Andersen with a process request form for sterilization so they can be processed through the validated exposure cycle.

**Form completed by:**

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**To be completed by Andersen Scientific, Inc.**

**Acknowledges receipt of**

Quantity of **Dunnage devices** for validation filler.
Quantity of **Real devices** for third-party testing (and Client functionality testing).

**Form completed by:**