

**ETHYLENE OXIDE AND ETHYLENE CHLOROHYDRIN RESIDUE ANALYSIS
IN MEDICAL DEVICES (ISO 10993-7:2008)
SAMPLE SUBMISSION FORM**

Client Information	
Company Name:	Purchase Order (required for billing purposes):
	Quotation No (required for billing purposes):
Mailing Address:	Submitted by:
	Email Address:
Tel: Mobile:	Date:
Fax:	

Sample Information (Please provide us with as much information as possible)						
SAMPLES MUST BE DELIVERED FROZEN TO THE LABORATORY & KEPT FROZEN UNTIL ANALYSIS Please tick (✓) to indicate type of device <input type="checkbox"/> Single device <input type="checkbox"/> Multi-component Device (i.e. Catheter with Stent) PLEASE ATTACH A DIAGRAM OF PRODUCT WHERE AVAILABLE.						
No. of samples	Date Sampled	Batch Number	Sample Description	Please tick (✓) to indicate length of patient contact		
				h: Hours ; d: Days		
				Limited (<24h)	Prolonged (> 24h < 30d)	Permanent (>30d)