

**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):
Mailing Address:		Quotation No (required for billing purposes):
		Submitted by:
Tel:	Mobile:	Email Address:
Fax:		Date:

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