[www.andersencaledonia.com](http://www.andersencaledonia.com) +44 (0) 1698 844 476 customersupport@andersencaledonia.co.uk

*This form must be completed and returned prior to sending any product to Andersen Caledonia for EtO processing*

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| **CUSTOMER CONTACT DETAILS** |
| **Company****Name** |  | **Address***(Street, n°)* |  |
| **Post Code** |  | **City / Country** |  |
| **Contact****E-mail:** |  | **Contact Telephone Number:** |  |

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| **ORDER DETAILS** |
| [ ]  **Standard Processing***Products are normally processed within a* ***10 / 15-****working day period* | [ ]  **Express Release***Products released under Quarantine on completion of scheduled* ***STANDARD PROCESSING*** *an Additional* ***£35******+ VAT per item / pallet*** *will be applicable* | [ ]  **Priority Processing** ***(Includes express release)****Products will be scheduled as a* ***PRIORITY*** *and processed within an average of* ***5*** *working days, a charge of* ***50%*** *of the overall purchase order value will apply*  | [ ]  **Dedicated Processing*****(Dedicated chamber)****Products will be scheduled as per* ***PRIORITY PROCESSING*** *and processed within a dedicated chamber.**The hire of the full chamber will be required.*  |
| **Purchase Order Number*****Items will not be processed until a Purchase Order has been provided*** |  | **Estimated Date of arrival at Andersen Caledonia*****(DD/MM/YY)*** |  |
| **Are you willing to accept product returned to you under quarantine?***We may from time-to-time request that we ship the processed product prior to the Certificate of Conformity being issued* | [ ]  **YES**  [ ]  **NO** |

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| **EtO STERILISATION REQUIREMENTS** |
| **Sterilisation Cycle Type*****(Please indicate the Sterilisation cycle that your product requires)*** | [ ]  **Low Vacuum Cycle** [ ]  **Standard Cycle** [ ]  **Lumen Cycle** *(20901) (10102 / 20102)* ***Default*** *(10201)*   |
| **Sterilisation Cycle Qty Required** |  [ ]  **Single Cycle** ***(Default)*** [ ]  **Double Cycle** |
| **Specific Chamber Requirement*****(Only Applicable if only validated for a single chamber)*** | [ ] **Chamber 1** [ ]  **Chamber 2** [ ]  **Either Chamber *(Default)*** |
| **Heated Aeration Period after Sterilisation*****(Min. 8 hours required) Additional cost may incur for any additional requirement thereafter*** |   **HRS**. | **Ambient Aeration Period if required** ***(If applicable / required) State n° of days / hours Additional cost will be applicable per pallet per period*** |  **HRS / DAYS** |
| **Additional Information*****Use this field to detail any specific requirements***  |    |
| **Ref / Lot Number for inclusion on Certificate of Conformance / Processing** (This is limited to a maximum of 10 characters, any additional requirement will incur a documentation fee of **£25 + VAT per certificate per additional 50 characters)** |  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ (***Please state any additional requirement below)*** |
| *Entries made here will incur an additional documentary charge:* |
| **PACKAGING DIMENSIONS*****Maximum Pallet height should not exceed 1.8m, Maximum Pallet Weight not exceeding 350 kg***  |
| **Total quantity of goods being sent*****(Quantity should match the relevant Purchase Order)*** | **Qty of Pallets*****(If Applicable)*** | **Qty of Boxes*****(If Applicable)*** |
|  |  |
| **Pallet Type used *(****If applicable)****Please indicate the pallet type that is being used if product is being shipped on a pallet*** | [ ]  **Standard (***1200 x 1000mm)* [ ]  **Euro (***1200 x 800mm)* |
| **Pallet Load Dimensions***(Excluding Pallet)* **(L x D x H) mm*****(If Applicable, Complete as required)*** | **Length** | **Depth** | **Height** |
|  |  |  |
| **Single Box Dimensions****(L x D x H) mm*****(If Applicable. Complete as required)*** | **Length** | **Depth** | **Height** |
|  |  |  |
|  |
| **Average Weight of Pallet (Kg)*****(If Applicable)******Maximum weight of 350 kg***  |   **Kg** | **Average Weight of Box(s) (Kg)*****(If Applicable)******Maximum weight of 20 Kg***  |   **Kg** |

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| **ADDITIONAL LABORATORY ANALYSIS REQUIREMENTS***(A specific laboratory test request sheet will also be required to be completed)* |
| [ ]  **Endotoxins / LAL*****(To be taken out after EtO Sterilisation Process)*** | **Quantity** | **Lot n°** | [ ]  **Sterility testing*****(To be taken out after EtO Sterilisation Process)*** | **Quantity** | **Lot n°** |
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| **CUSTOMER SIGNATURE** |
| **Name** | **Title** | **Date** | **Signature** |
|  |  |  |  |
| ***By signing this section your signature confirms that all batteries have been removed or isolated from your devices and that all the information provided on this form is fully correct.******Andersen Caledonia will not be held responsible for any loss or damage caused due to incorrect or incomplete information being provided on this form.******Failure to fully complete this form will result in delays in processing.*** |

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| **To be Completed by Andersen Caledonia Staff Only** |
| **Date Received** |  | **Qty Received** |  |
| **Product Received in** **Good Condition** |  [ ]  Yes [ ]  No  | **Details of Damage*****(If Applicable)*** |  |
| **SP Number** | SP | **Goods In Sign & Date** |  |
| **Batch Number** | IS |
| **11045 & 3082 Checked** |  [ ]  Yes [ ]  No  | **Sterilisation Sign & Date**  |  |