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

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

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

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| **ORDER DETAILS** | | | | |
| **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)*** |  |
| **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.* |
| **Does the product require Sterile Packing prior to sterilisation?**  *Is the product currently within sterile packaging and won’t need packed or will it require to be packed prior to sterilisation, product requiring packing will have an addition 10/15 day period out with Sterilisation time.* | | | | **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** |
| **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:* | | | | | | | | |
| |  |  | | --- | --- | | **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** | | | | | | | | | | | |
| |  |  | | --- | --- | | **Additional Information**  ***Use this field to detail any specific requirements in relation to the sterilisation process not already covered elsewhere.*** |  | | | | | | | | | | | |
| **PACKAGING DIMENSIONS**  ***Maximum Pallet height should not exceed 1.8m, Maximum Pallet Weight not exceeding 350 kg*** | | | | | | | | | | |
| **Total quantity of goods being sent.**  **This should be either Pallets or individual boxes.**  ***(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** | | |
|  | | |  | |  | | |
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| **Average Weight of Pallet (Kg)**  ***(If Applicable)***  ***Maximum weight of 350 kg per pallet*** | | **Kg** | | | **Average Weight of Box(s) (Kg)**  ***(If Applicable)***  ***Maximum weight of 20 Kg per box*** | | | **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** |
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| ***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** | | | |
| **ICGN Number** |  | **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** |  |