

EP Scientific Products Custom Cleaning Specification

Completion of this form is highly recommended to ensure proper service. Please return this sheet along with any additional special requirements to EP Scientific Products, Customer Service. Fax: 918-540-1659, Phone: 800-331-7425

Company: _____	Contact: _____
Address: _____	Telephone: _____
_____	Fax: _____
_____	Email: _____

Customer sending materials for service only Sales Rep. _____ EP Provides Materials
(Notice: All material will be processed and returned including manufacture defects. Multiple raw lots will require additional testing.)

Please Provide Container or Component Information

Manf. & Identification or EP Part # (if known)	Description (size, material, etc.)	Qty.

Use one sheet per item.

Process Required or Requested*:

- | | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Dry Heat Depyrogenation, validated 3-log reduction | <input type="checkbox"/> Particulate cleaning | <input type="checkbox"/> WFI rinse (Containers ≤ 250ml) |
| <input type="checkbox"/> Surface treatment (silanization) | <input type="checkbox"/> Irradiation (glass will discolor after irradiation) | <input type="checkbox"/> USP Purified Rinse (Containers ≥ 250ml) |
| <input type="checkbox"/> Surface treatment (siliconization) | <input type="checkbox"/> Sterile Foil Wrap process | <input type="checkbox"/> Autoclave |
| <input type="checkbox"/> TOC process | <input type="checkbox"/> RNase & DNase Process | <input type="checkbox"/> Other _____ |

Packaging Configurations:

- Cleanroom bags
 Individual unit Multi-unit
 Single Double
- Options: Autoclave bag (single, dbl., triple)
 Foil-wrap # _____ Autoclave Wrap x 2

Other packaging configurations: (describe)

Clean polypropylene tray-pack:

- Shrink-wrapped with double bag; standard

Certification Requirements:

- | | | | |
|----------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> C of A, TOC | <input type="checkbox"/> C of A, Endotoxin | <input type="checkbox"/> C of A, Particles | <input type="checkbox"/> Selected testing by USP Methods |
| <input type="checkbox"/> Certificate of Processing | <input type="checkbox"/> Materials Cert. of Compliance (only if EP provides materials) | <input type="checkbox"/> C of A, RNase and DNase | |

Other Tests or special documentation LIST: _____

Please indicate shipping method required. _____

Minimum lead-time for custom product is dependent upon quantity, analytical requirements, and availability of materials. Custom Cleaning Specification Sheet must be signed and dated. Failure to do so may cause your quote to be delayed. All information exchanged between "EP Scientific" and the above "Company" is considered confidential. EP will not be responsible for failure by the customer to request any other requirements not included on this sheet.

Fax to Attn: Customer Service @ 918-540-1659

Submitted by: _____ Date: _____

*** Some options may not be available for all sizes or container types.**