



EO Exposure Request Form

Please fill in ALL sections

Check applicable box

For Exposures Only, Ethox/MMC will make NO claims of Sterility

Company Name:		Product Description:	
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Purchase Order Number:		Number of Cases to be Exposed:	
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Preconditioning (37.8 ± 5.6° C, 60 ± 20% RH):	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If YES:	<input type="checkbox"/>	Standard = 8 Hours Minimum
	<input type="checkbox"/>	Other (Time):

MMC Processing Cycle Number Requested:	
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Special Cycle Requirements other than standard:	

Aeration Requirements:	<input type="checkbox"/>	Room #1 Standard = 48.9 ° C +- 8.3 Minimum 16 Hours
	<input type="checkbox"/>	Room #2 Standard = 32.2 ° C +- 8.3 Minimum 16 Hours
Other:	<input type="checkbox"/>	

Special Handling, Documentation or Sample Instructions:	

Return Shipping Instructions:			
Via:		Account No.:	
Attn.:			
Address:			

Submitted by Signature:		Date:	
Title:			