

NOTE:

By filling out this form, you will help us to better understand your product and tailor our testing to your needs.



HOHENSTEIN

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Order Form

Tests for Surgical Textiles

Previous Quotation No.: (if available) **Laboratory's Use Only:** **Report No.:** **Due Date:**

Customer:			
Company Name:			
Street, No.:			
Postal Code:		City:	
Country:			
VAT-No:		Commercial Register:	
Contact: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> other	Surname:		First Name:
Position:			
Phone:		E-Mail:	

Invoice Recipient: (only if different from the customer)
Address:

Information Test Sample: (data for the test report)	
Name/Description:	
Trade Name:	Item No.:
Material Composition:	
Colour/Texture:	
Batch No./Serial No./LOT:	
UDI: (if applicable)	
Manufacturer:	
Date of Manufacture:	
Expiration Date: (if applicable)	
Type of Product/Purpose in the End-use Application:	
Number of Submitted Products:	
Other Information (e.g. information on any pre-treatment carried out, information on Storage and handling conditions, warnings):	

Information on Sample Preparation: *(if applicable)*

<input type="checkbox"/> Product/test sample is sterile	
<input type="checkbox"/> Sterilization/decontamination by the testing laboratory is desired:	
<input type="checkbox"/> Pre-treatment autoclaving	<input type="checkbox"/> Pre-treatment UV irradiation
<input type="checkbox"/> Prewash treatment by the test laboratory is desired:	
Washing process:	Number of cycles:
Drying process: <input type="checkbox"/> Line drying <input type="checkbox"/> Tumbler <input type="checkbox"/> Finisher <input type="checkbox"/> Should drying be performed after each washing cycle? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(drying only once after last washing cycle)</i>	
Others:	

Test Material:

Does the test sample have different materials for critical and less critical areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, which material should be tested?	<input type="checkbox"/> Critical area	<input type="checkbox"/> Less critical area	<input type="checkbox"/> Both <i>(critical and less critical area)</i>

Test Parameters:

Order Option 1:	
<input type="checkbox"/> All tests for surgical textiles according to DIN EN 13795-1	<input type="checkbox"/> All tests for clean air suits according to DIN EN 13795-2
Order Option 2:	
<input type="checkbox"/> Resistance to germ passage <i>(dry)</i> ; DIN EN ISO 22612	
<input type="checkbox"/> Resistance to germ passage <i>(wet)</i> ; DIN EN ISO 22610:2006	
<input type="checkbox"/> Particle release <i>(linting)</i> ; DIN EN ISO 9073-10	
<input type="checkbox"/> Microbial cleanliness for medical products <i>(bioburden)</i> ; DIN EN ISO 11737-1	
<input type="checkbox"/> Water penetration, surface to 1000 mbar; DIN EN ISO 811	
<input type="checkbox"/> Maximum tensile strength and elongation at maximum force with stripe method; DIN EN 29073-3	
<input type="checkbox"/> Bursting strength and bursting distention; DIN EN ISO 13938-2	

Order Management:

Return of remaining test material:	<input type="checkbox"/> Yes <i>(chargeable)</i>	<input type="checkbox"/> No
Sending the report via: <i>(other shipping options on request)</i>	<input type="checkbox"/> E-Mail <input type="checkbox"/> Additional report recipient: <input type="checkbox"/> Other:	

Comments:

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Contact:

Administration:	E-mail: customerservice@hohenstein.com Tel: +49 (0)7143-271 898	Technical Support:	E-mail: medical@hohenstein.com Tel: +49 (0)7143-271 440
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Date

 Authorized Signature, Name in Print, Company Stamp *(if available)*