



Date: \_\_\_\_\_

## Validation Services Inquiry/Request for Quote

Company Name: \_\_\_\_\_

Department: \_\_\_\_\_

City & State: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your Company website: \_\_\_\_\_

The following information is required to initiate the Validation Services process to establish your requirements and develop a proposal. Please complete a Validation Services Inquiry/Request for Quote form for each vessel type or process you wish to receive a proposal for. Please send the form(s) to Glenn Adriaance [gadriance@mesalabs.com](mailto:gadriance@mesalabs.com) or fax them to 1-303-987-8989.

### FOR STERILIZER VALIDATION:

Type of process (check one):

- Ethylene Oxide
- Steam
- Dry Heat
- Gamma
- Other (specify) \_\_\_\_\_

Industry:

- Drugs, Vaccines
- Devices
- IVD
- Biologicals
- Human cell/tissue, HCTP
- Cosmetic
- Food
- Other (specify) \_\_\_\_\_

Type of cycle (if known):

- Steam 121C
- Steam 132C
- EtO, 100%
- EtO, Oxyfume
- Other (specify) \_\_\_\_\_

The sterilizer will need (check all that apply):

- Installation Qualification / IQ
- Operational Qualification / OQ
- Performance Qualification / PQ
- Operator training and/or preparation of SOPs

Number of different cycles to be qualified (specify): \_\_\_\_\_

Is sterilizer new or recently remanufactured?(circle one):   New                      Remanufactured

Is sterilizer design GMP-compliant? (circle one): Yes        No

Will you need to purchase or rent temperature recorders? (circle one):   Yes                      No

Is sterilizer currently installed and operating, or to be delivered and installed? (circle one):  
\_\_\_\_\_ Currently installed        \_\_\_\_\_ To be delivered and installed

Will you need to purchase biological indicators? (circle one):                      Yes                      No

Estimated/desired date to start validation: \_\_\_\_\_

Estimated/desired date to complete validation: \_\_\_\_\_

Comments and/or any other information:

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**FOR CONTROLLED TEMPERATURE CHAMBER QUALIFICATION:**  
(freezer, refrigerator, incubator, etc)

Total # of chambers to be qualified: \_\_\_\_\_    Is relative humidity/RH monitoring needed?: YES / NO

Number of shelves/levels in each chamber :

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Internal L x W x H measurements for each chamber (approximate):

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Required temperature range for each chamber: \_\_\_\_\_

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Estimated/desired date to start qualification: \_\_\_\_\_

Estimated/desired date to complete qualification: \_\_\_\_\_

Comments and/or any other information:

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