# Treatment Order Form (Irradiation by E-beam)

*(Ionmed Esterilización S.A.U.)*
Pol. Ind. Tarancón Sur – C/ Rocinante, 50
16400 Tarancón (Cuenca)
Telf. 969 32 72 55
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***IONISOS Order Nº:***
*(This number will appear in all associated documents)*

**Customer Order Nº:**
(This number will appear in all associated documents)

**Please read this document carefully and fill in all the information (in the shaded boxes).**

| | | |
|---|---|---|
| **Client Information** | Company name | |
| | Company Tax Nº | |
| | Address | |
| | Town & P.C. | |
| | Telephone | |
| | Contact person & e-mail (general contact for orders) | |
| | e-mail for sending of certificates | |
| | e-mail for sending of invoices | |

| **Type of product (mark "X" in the box)** | **Food - Animal** | **Food - Human consumption*** | **Food Packaging** | **Cosmetics** | **Industrial** | **Corks** | **Other** |
|---|---|---|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Indicate RGSEAA registration number** | *** Irradiated food is subject to Real Decreto 348/2001**

| **Reference** | **Product Description** | **Lot** | **L x A x H (cm)** | **Unit Weight (kg)** | **Nº Units Boxes/Sacks** | **Dose & Type (See below)*** | **V** |
|---|---|---|---|---|---|---|---|
| **(ALL FIELDS ARE REQUIRED)** | | | | | | | |
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*** Please indicate the Required Dose (kGy) and Type as appropriate:** **Total Nº Palets** 0

Minimum Superficial Dose = **SUP**; Mean Dose = **MED**; Minimum Dose = **MIN** -- **(e.g.: 25 SUP, 8 MED, 15 MIN...)**

| **PALLETIZED*** | **80cm x 120cm (European)** | ☐ |
|---|---|---|
| | **100cm x 120cm (American)** | ☐ |

***The pallets must be standardized with EPAL homologation certificate (European pallet or European pallet) or ISO 3676 Standard (American pallet or isopallet)**

| | |
|---|---|
| **Arrival date to Ionisos:** | |
| **Pick up date from ionisos:** | |

***Date confirmed by IONISOS:***

***Signature - approved by IONISOS:***

| | | |
|---|---|---|
| **Transport** | Transport company that will collect your goods | |
| | Addressee | |
| | Delivery address | |
| | Town & P.C. | |
| | Recipient's phone number | |

| | |
|---|---|
| Do you authorize the dispatch of the product before its dosimetric release? Indicate **YES** o **NO.**<br>*Option used for Express Service or to expedite your shipment. (ref. Authorization for Shipment of Merchandise, ION-023).* | |

**Observations:** **If the product requires special security conditions for its handling or storage, please indicate it here.**

**Customer Signature & Date:**

The General Conditions of this document are applicable at all times and you must have them in your possession, if not available then they may be obtained via our website www.ionisos.es or by contacting the Customer Service Department at IONISOS IBERICA (Tel.: 969 32 72 55 / 969 32 60 29, e-mail: **pedidos@ionisos.com**). Open: **Monday to Thursday: 8:30 h - 14:00 h & 15:30 h - 18:00 h – Friday 8:30 h - 14:00 h.**