



Guidance on Shelf Life of Sterile and Lab Sterilized Items

The shelf life of properly packaged sterile items is either event-related or dictated by a manufacturer's expiration date.

- To maximize shelf life, all sterile and/or lab sterilized items should be stored in an area that is well ventilated and protected against dust, moisture, insects, direct sunlight and other vermin and temperature and humidity extremes. Sterile supplies should not be stored under sinks or other locations where they may become wet. Ideally items will be stored in a closed space rather than on open shelving.
- Event-related contamination will depend on the packaging material, storage conditions and handling/transport conditions.
- All packaged items must be checked prior to use for any signs of damage or exposure to adverse conditions as well as pre-determined expiration dates. Sterility is considered compromised if the packaging is open, damaged or wet (or have signs of exposure to moisture), if the seal is broken or if the package is dropped onto a contaminated surface. Sterile items with pre-determined expiration dates will abide by the printed expiration date. For the latter, consult with LAR veterinary staff to determine if an item can be re-packaged and re-sterilized.
- Any packaged item that becomes wet, torn, punctured, damaged in any way, dirty/dusty, exposed to vermin, etc. should not be used and must be discarded or re-packaged & re-sterilized (item dependent, consult LAR).
- Even when using event-related shelf life, all lab-sterilized items must be labeled with the date of sterilization. Labs should practice a 'first in, first out' rotation of sterilized items, meaning that those items sterilized first are the ones used first.
- If retaining items that have passed their manufacturer expiration date, these items must be stored in a separate location and labeled "expired materials—for non-survival or ex vivo procedures only."

Reference

Guideline for Disinfection and Sterilization in Healthcare Facilities. William A. Rutala, PhD, MPH; David J. Webber, MD, MPH; and the Healthcare Infection Control Practices Advisory Committee. CDC, November 2008

Revision History

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