

	Cleanroom Services Test Request Form Ship Samples To: Cambrex • Attn: Sample Login 104 Gold St. • Agawam, MA 01001 Email: login-ma@cambrex.com	For Internal Tracking Use	
		Internal #:	
		Initial/Rec'd Via:	
		Date/Time:	

A Purchase Order (PO) should be submitted with Test Request Form (TRF) to initiate services. Failure to submit completed TRF or include a PO may result in testing delays.

Please fill out form completely		Requestor		Invoicing (if different from Requestor)	
PO #		Contact		Contact	
Quote #		Company		Company	
Does your facility produce antibiotic or cytotoxic products? Yes (additional hourly fees apply) No	Address	Address		Address	
	City	City		City	
	State/Zip	State/Zip		State/Zip	
	Phone	Phone		Phone	
	E-mail	E-mail		E-mail	
Scheduling Requirement	Standard (≥15 days)	Tier 1 STAT (10-14 days) (50% surcharge)	Tier 2 STAT (5-9 days) (100% surcharge)	Tier 3 STAT (≤ 5 days) (200% surcharge)	
Testing Turnaround Time	Standard (15 days)	Tier 1 STAT (11-14 days) (50% surcharge/test)	Tier 2 STAT (9-10 days) (100% surcharge/test)	Tier 3 STAT (≤ 8 days) (200% surcharge/test)	
Testing Frequency	One Time Weekly Monthly Quarterly	Biannual	Other:		
Sample Description¹	N/A				
Include a copy of EM raw data with the report		No		Yes (additional fee applies)	
Number of Rooms to be Sampled at Visit:			Number of Gowning Areas to Enter:		

¹Sample Description to be used on Final Report- Sample Description default is "Environmental Monitoring and/or Certification on (sample date)" if not specified above.

Plates for Incubation						
Test				Quantity	Client Procedure / Guideline / Acceptance Criteria	
Plate Incubation and Analysis Only	Single Incubation	TSA (CRS.6002)				
		SDA (CRS.6002)				
		Anaerobic (CRS.6002AN)				
	Transfer Incubation	TSA (CRS.6002T)				
		USP <797> Gloved Fingertip (CRS.3002)	Initial	Requalification		
		Combination (list in comments)				
Sample Description²	N/A					

²Description to be used on Final Report- default is (#) Environmental Monitoring Plates/USP <797> Gloved Fingertip plates received on DDMMYY, if not specified above.

*Quantity defined as a pair: (1) pair is equal to (1) sample for gloved fingertip testing.

Controlled Environment Certifications and Associated Tests						
Test				Quantity	Client Procedure / Guideline / Acceptance Criteria	
Total Particulate Sampling	One 0.1 m ³ Sample (CRS.6040P)			ISO Classification 8 7 6 5		
	One 1 m ³ Sample (CRS.6040PEU)					
	Other:					
Pressure Differentials Characterization (CRS.6040D)						
Temperature and Humidity Measurement (CRS.6040TH)						
Biosafety Cabinet Certification (CRS.6040B)						
Fume Hood Validation (CRS.6040F)						
Laminar Flow Hood Certification, hood with single HEPA (CRS.6040H)						
Laminar Flow Hood Certification, hood with multiple HEPAs (CRS.6040HL)						
Isolator/Glove Box Certification (CRS.6040I)						
HEPA Filter Leak Integrity (CRS.6040L)						
Smoke Study – Air Flow Pattern Testing (CRS.6040S)						
Velocity/Volumetric Airflow Testing (CRS.6040V)						



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On-site Environmental Monitoring and Compressed Gas Testing

Test				Quantity	Parameter	Client Procedure/ Guideline/ Acceptance Criteria
Active Viable Air Sampling	Single Incubation	TSA (CRS.6045 or CRS.6045EU)		90 L 240 L 500 L 1000 L		
		SDA (CRS.6045 or CRS.6045EU)				
		Anaerobic (CRS.6045AN) ³ TSA Chocolate D/E				
	Transfer Incubation	TSA (CRS.6045T or CRS.6045TEU)				
Passive Viable Air Sampling	Single Incubation	TSA (CRS.6053)		Time maximum: Time minimum:		
		SDA (CRS.6053)				
		Anaerobic (CRS.6045AN) ³ TSA Chocolate D/E				
	Transfer Incubation	TSA (CRS.6053T)				
Viable Surface Sampling	Single Incubation	TSA (CRS.6046)				
		SDA (CRS.6046)				
		Anaerobic (CRS.6045AN) ³ TSA Chocolate D/E				
	Transfer Incubation	TSA (CRS.6046T)				
Non-Viable Air Particulate	One 0.1 m ³ Sample (CRS.6040P)			List unique parameters if needed:		
	One 1 m ³ Sample (CRS.6040PEU)					
	Other:					
Other	Pressure Differentials Characterization (CRS.6040D)					
	Temperature and Humidity Measurement (CRS.6040TH)					
Compressed Gas Analysis ⁴	Total Air Particulate	One 0.1 m ³ Sample (CRS.6041)				
		One 1 m ³ Sample (CRS.6041EU)				
		Other:				
	Dräger Tube Analysis	Moisture (Dew Point) (CRS.6043.M/CRS.6043.MEU)		25 L 50 L		
		Hydrocarbons (CRS.6043.H/CRS.6043.HEU)		0.1 mg/m ³ 0.3 mg/m ³ 0.5 mg/m ³ 1.0 mg/m ³		
		Carbon Monoxide (CRS.6043.CO/CRS.6043.COEU)		5-150 ppm 2.5-75 ppn		
		Carbon Dioxide (CRS.6043.CO2/ CRS.6043.CO2EU)		100-3000 ppm		
		Sulfur Dioxide (CRS.6043.SO2/ CRS.6043.SO2EU)		1-25 ppm 0.25-1 ppn		
		Nitrous Fumes (CRS.6043.NOx/ CRS.6043.NOxEU)		0.2-6 ppm		
		Other: (CRS.6043.OTH/CRS.6043OTHEU)		List Parameter:		
	Microbial Sampling Single Incubation	TSA (CRS.6042 or CRS.6042EU)		90 L 240 L 500 L 1000 L		
		SDA (CRS.6042 or CRS.6042EU)				
		Anaerobic(CRS.6042AN or CRS.6042ANEU) ³ TSA Chocolate D/E				
Microbial Sampling Transfer Incubation	TSA (CRS.6042T or CRS.6042TEU)					
Nitrogen Tests	Match Test (CRS.FLAME)					
	Gas Identity Odor Test (CRS.ODOR)					

³Choose media for Anaerobic testing. Media type may be subject to availability. TSA is the default media.

⁴Compressed gas sampling ports should be fitted with a 1/4" female quick-connect.



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Microbial Identification Services

Is microbial characterization required?	Yes (complete sections below)	No
Frequency of Identifications	Action (detail in comments) Fungal	Alert (detail in comments) Other (detail in comments)

Microbial Identification Turnaround Time (TAT) Requested

Turnaround Time (TAT)	Standard (10 day) TIER 1 STAT (4 Day) TIER 2 STAT (2 Day)
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Method: Choose ONE of the below methods (either Genetic Sequencing or Mass Spectrometry) and options as applicable

Genetic Sequencing (bacterial, yeast, mold)	Genetic Sequencing (GENSEQ) Include a copy of the Phylogenetic Tree (MID.Tree) (additional fee applies)
Mass Spectrometry (for bacterial/ yeast samples only)	Mass Spectrometry (MALDI) <u>Do NOT transfer failed samples to genetic sequencing</u>

Identification of Morphologies Requested:

Morphology Assessment (MA)	For mixed cultures, isolate and identify (additional fee applies): All distinct morphologies (MID.MA) Top predominant morphologies (please list quantity) (MID.MA) Other (provide details in additional comments) (MID.MA)
Morphology Assessment Grouping	Per Sample Per Room Per Request

Related Testing Requested:

Gram Stain	Gram Stain required (MID.Gram)
Copy of Raw Data	Yes (Additional fee applies)
Microorganism Trending	Per Genus Per Species Up To One Month of Trending (MID.Trend.1) (additional fee applies) Up To Six Months of trending (MID.Trend.6) (additional fee applies) Trending of All Past Dates (MID.Trend.All) (additional fee applies)

Additional Testing Comments

N/A

I have read and agree to the General Terms and Conditions as listed in the quotation.
A Test Request Form and Purchase Order (PO) must be submitted with the scheduling request.
Failure to submit completed Test Request Forms or include a PO may result in reporting delays.

Signature: _____

Date: _____