

	<b>Cleanroom Services Test Request Form</b> Ship Samples To: Cambrex • Attn: Sample Login 104 Gold St. • Agawam, MA 01001 Email: <a href="mailto:login-ma@cambrex.com">login-ma@cambrex.com</a>	<b>For Internal Tracking Use</b>	
		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.

<b>Please fill out form completely</b>		<b>Requestor</b>		<b>Invoicing (if different from Requestor)</b>	
PO #		Contact		Contact	
Quote #		Company		Company	
<b>Does your facility produce antibiotic or cytotoxic products?</b>  Yes (additional hourly fees apply)      No		Address		Address	
		City		City	
		State/Zip		State/Zip	
		Phone		Phone	
		E-mail		E-mail	
<b>Scheduling Requirement</b>	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)	
<b>Testing Turnaround Time</b>	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)	
<b>Testing Frequency</b>	One Time    Weekly    Monthly    Quarterly	Biannual	Other:		
<b>Sample Description<sup>1</sup></b>	N/A				
<b>Include a copy of EM raw data with the report</b>		No		Yes (additional fee applies)	
<b>Number of Rooms to be Sampled at Visit:</b>			<b>Number of Gowning Areas to Enter:</b>		

<sup>1</sup>Sample 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
<b>Plate Incubation and Analysis Only</b>	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)			
<b>Sample Description<sup>2</sup></b>	N/A				

<sup>2</sup>Description 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 <sup>3</sup> Sample (CRS.6040P)			<b>ISO Classification</b> 8    7    6    5	
	One 1 m <sup>3</sup> 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) <sup>3</sup> 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) <sup>3</sup> TSA Chocolate D/E				
	Transfer Incubation	TSA (CRS.6053T)					
Viable Surface Sampling	Single Incubation		TSA (CRS.6046)				
			SDA (CRS.6046)				
			Anaerobic (CRS.6045AN) <sup>3</sup> TSA Chocolate D/E				
	Transfer Incubation	TSA (CRS.6046T)					
Non-Viable Air Particulate		One 0.1 m <sup>3</sup> Sample (CRS.6040P)		List unique parameters if needed:			
		One 1 m <sup>3</sup> Sample (CRS.6040PEU)					
		Other:					
Other		Pressure Differentials Characterization (CRS.6040D)					
		Temperature and Humidity Measurement (CRS.6040TH)					
Compressed Gas Analysis <sup>4</sup>	Total Air Particulate		One 0.1 m <sup>3</sup> Sample (CRS.6041)				
			One 1 m <sup>3</sup> 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 <sup>3</sup> 0.3 mg/m <sup>3</sup> 0.5 mg/m <sup>3</sup> 1.0 mg/m <sup>3</sup>		
			Carbon Monoxide (CRS.6043.CO/CRS.6043.COEU)		5-150 ppm 2.5-75 ppn		
			Carbon Dioxide (CRS.6043.CO2)		100-3000 ppm		
			Sulfur Dioxide (CRS.6043.SO2/ CRS.6043.SO2EU)		1-25 ppm 0.25-1 ppn		
			Nitrous Fumes (CRS.6043.NOx)		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) <sup>3</sup> 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)					

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

<sup>4</sup>Compressed 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

**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)  
 **Do NOT transfer failed samples to genetic sequencing; gram stain will be provided**

### Microbial Identification Turnaround Time (TAT) requested

**Turnaround Time (TAT)**  Standard (10 day)  TIER 1 STAT (4 Day)  TIER 2 STAT (2 Day)

### Microbial Identifications Frequency – Event Based

<b>Any growth</b>	<input type="checkbox"/> All distinct morphologies (MID.MA) <input type="checkbox"/> Top # ___ of predominant morphologies (MID.MA)	<input type="checkbox"/> Per Plate <input type="checkbox"/> Per Room <input type="checkbox"/> Per Request
<b>Alert Only</b>	<input type="checkbox"/> All distinct morphologies (MID.MA) <input type="checkbox"/> Top # ___ of predominant morphologies (MID.MA)	<input type="checkbox"/> Per Plate <input type="checkbox"/> Per Room <input type="checkbox"/> Per Request
<b>Action Only</b>	<input type="checkbox"/> All distinct morphologies <input type="checkbox"/> Top # ___ of predominant morphologies	<input type="checkbox"/> Per Plate <input type="checkbox"/> Per Room <input type="checkbox"/> Per Request
<b>Fungal Only</b>	<input type="checkbox"/> All distinct morphologies <input type="checkbox"/> Top # ___ of predominant morphologies	<input type="checkbox"/> Per Plate <input type="checkbox"/> Per Room <input type="checkbox"/> Per Request

### Microbial Identifications Frequency – Periodic

<b>Monthly</b>	<input type="checkbox"/> All distinct morphologies <input type="checkbox"/> Top # ___ of predominant morphologies (please list quantity)	<input type="checkbox"/> Per Plate <input type="checkbox"/> Per Room <input type="checkbox"/> Per Request
<b>Quarterly</b>	<input type="checkbox"/> All distinct morphologies <input type="checkbox"/> Top # ___ of predominant morphologies (please list quantity)	<input type="checkbox"/> Per Plate <input type="checkbox"/> Per Room <input type="checkbox"/> Per Request

<sup>1</sup>Please list the months when the **Quarterly** identifications will be performed: \_\_\_\_\_

<b>One-Time Identifications</b>	<input type="checkbox"/> All distinct morphologies <input type="checkbox"/> Top ___ predominant morphologies (please list quantity)	<input type="checkbox"/> Per Plate <input type="checkbox"/> Per Room <input type="checkbox"/> Per Request
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### Related Testing Required

<b>Gram Stain</b>	<input type="checkbox"/> Gram Stain required (MID.Gram)	
<b>Copy of Raw Data</b>	<input type="checkbox"/> Yes (Additional fee applies)	
<b>Microorganism Trending</b>	<input type="checkbox"/> Per Genus	<input type="checkbox"/> Up To One Month of Trending (MID.Trend.1) (additional fee applies)
	<input type="checkbox"/> Per Species	<input type="checkbox"/> Up To Six Months of trending (MID.Trend.6) (additional fee applies)
		<input type="checkbox"/> Trending of All Past Dates (MID.Trend.All) (additional fee applies)

**Additional Comments:**



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## 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: \_\_\_\_\_