



# Cleanroom Services Test Request Form

Ship Samples To:  
Cambrex • Attn: Sample Login  
104 Gold St. • Agawam, MA 01001  
Email: [login-ma@cambrex.com](mailto:login-ma@cambrex.com)

## For Internal Tracking Use

Internal #:	
Initial/Rec'd Via:	
Date/Time:	

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

Please fill out form completely

Please fill out form completely		Requestor		Invoicing (if different from Requestor)	
PO #		Contact		Contact	
Quote #		Company		Company	
<b>Does your facility produce antibiotic or cytotoxic products?</b>  <input type="checkbox"/> Yes (additional hourly fees apply) <input type="checkbox"/> No		Address		Address	
		City		City	
		State/Zip		State/Zip	
		Phone		Phone	
		E-mail		E-mail	
<b>Scheduling Requirement</b>	<input type="checkbox"/> Standard (≥15 days)	<input type="checkbox"/> Tier 1 STAT (10-14 days) (50% surcharge)	<input type="checkbox"/> Tier 2 STAT (5-9 days) (100% surcharge)	<input type="checkbox"/> Tier 3 STAT (≤ 5 days) (200% surcharge)	
<b>Testing Turnaround Time</b>	<input type="checkbox"/> Standard (15 days)	<input type="checkbox"/> Tier 1 STAT (11-14 days) (50% surcharge/test)	<input type="checkbox"/> Tier 2 STAT (9-10 days) (100% surcharge/test)	<input type="checkbox"/> Tier 3 STAT (≤ 8 days) (200% surcharge/test)	
<b>Testing Frequency</b> <i>(Encompasses Current Request Through End of Year)</i>	<input type="checkbox"/> One Time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Biannual <input type="checkbox"/> Other _____				
<b>Sample Description</b> <sup>1</sup> <i>(use description desired on final report)</i>	<input type="checkbox"/> N/A				
<b>Include a copy of EM raw data with the report</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (additional fee applies)					

<sup>1</sup>Sample description default is Environmental Monitoring and/or certification on (sample date), if not specified above.

On-site Environmental Monitoring and Compressed Gas Testing						
Test				Quantity	Sample Volume	Client Procedure/ Guideline
Active Viable Air Sampling	<input type="checkbox"/>	Single Incubation	<input type="checkbox"/> TSA (CRS.6045)		<input type="checkbox"/> 90 L <input type="checkbox"/> 240 L <input type="checkbox"/> 500 L <input type="checkbox"/> 1000 L	
			<input type="checkbox"/> SDA (CRS.6045)			
			<input type="checkbox"/> Chocolate (CRS.6045AN)			
	<input type="checkbox"/>	Transfer Incubation	<input type="checkbox"/> TSA (CRS.6045T)			
Passive Viable Air Sampling	<input type="checkbox"/>	Single Incubation	<input type="checkbox"/> TSA (CRS.6053)		Time maximum: _____  Time minimum: _____	
			<input type="checkbox"/> SDA (CRS.6053)			
			<input type="checkbox"/> Chocolate (CRS.6053AN)			
	<input type="checkbox"/>	Transfer Incubation	<input type="checkbox"/> TSA (CRS.6053T)			
Viable Surface Sampling	<input type="checkbox"/>	Single Incubation	<input type="checkbox"/> TSA (CRS.6046)			
			<input type="checkbox"/> SDA (CRS.6046)			
			<input type="checkbox"/> Chocolate (CRS.6046AN)			
	<input type="checkbox"/>	Transfer Incubation	<input type="checkbox"/> TSA (CRS.6046T)			
Non-Viable Air Particulate	<input type="checkbox"/>	Three 1 ft <sup>3</sup> Samples (CRS.6040P)				
	<input type="checkbox"/>	One 1 m <sup>3</sup> Sample (CRS.6040PEU)				



# Cleanroom Services Test Request Form

Ship Samples To:  
 Cambrex • Attn: Sample Login  
 104 Gold St. • Agawam, MA 01001  
 Email: [login-ma@cambrex.com](mailto:login-ma@cambrex.com)

## For Internal Tracking Use

Internal #:

### On-site Environmental Monitoring and Compressed Gas Testing (continued)

Test			Quantity	Client Procedure/ Guideline
Compressed Gas Analysis	<input type="checkbox"/>	Total Air Particulate	<input type="checkbox"/> Three 1 ft <sup>3</sup> Samples (CRS.6041)	Sample Volume: <input type="checkbox"/> 90 L <input type="checkbox"/> 240 L <input type="checkbox"/> 500 L <input type="checkbox"/> 1000 L
			<input type="checkbox"/> One 1 m <sup>3</sup> Sample (CRS.6041EU)	
	<input type="checkbox"/>	Dräger Tube Analysis	<input type="checkbox"/> Moisture (CRS.6043)	
			<input type="checkbox"/> Hydrocarbon (CRS.6043)	
	<input type="checkbox"/>	Microbial Sampling Single Incubation	<input type="checkbox"/> TSA (CRS.6042)	
			<input type="checkbox"/> SDA (CRS.6042)	
			<input type="checkbox"/> Chocolate (CRS.6042AN)	
	<input type="checkbox"/>	Microbial Sampling Transfer Incubation	<input type="checkbox"/> TSA (CRS.6042T)	
	<input type="checkbox"/>	Dew Point Testing (CRS.6055)		
	<input type="checkbox"/>	Nitrogen Tests	<input type="checkbox"/> Identity (CHM.4121)	
<input type="checkbox"/> Odor Testing (CHM.4120)				

### Plates for Incubation

Test			Quantity	Client Procedure / Guideline
Plate Incubation and Analysis Only	<input type="checkbox"/>	Single Incubation	<input type="checkbox"/> TSA (CRS.6002)	
			<input type="checkbox"/> SDA (CRS.6002)	
			<input type="checkbox"/> Anaerobe (CRS.6002AN)	
	<input type="checkbox"/>	Transfer Incubation	<input type="checkbox"/> TSA (CRS.6002T)	
	<input type="checkbox"/>	USP <797> Gloved Fingertip		
<input type="checkbox"/> Initial		<input type="checkbox"/> Requalification		
<input type="checkbox"/> Combination (list in comments)				
Sample Description <sup>2</sup> (use description desired on final report)		<input type="checkbox"/> N/A		

<sup>2</sup>Sample description default is (#) Environmental Monitoring Plates/USP <797> Gloved Fingertip plates received on DDMMYY, if not specified above.

\* Per pair, (1) pair is equal to (1) sample for gloved fingertip

### Controlled Environment Certifications

Test		Quantity	Client Procedure/ Guideline
<input type="checkbox"/>	Biosafety Cabinet Certification (CRS.6040B)		
<input type="checkbox"/>	Fume Hood Validation (CRS.6040F)		
<input type="checkbox"/>	Laminar Flow Hood Certification (CRS.6040H)		
<input type="checkbox"/>	Isolator/Glove Box Certification (CRS.6040I)		
<input type="checkbox"/>	Pressure Differentials Characterization (CRS.6040D)		
<input type="checkbox"/>	HEPA Filter Leak Integrity (CRS.6040L)		
<input type="checkbox"/>	Total Particulate Sampling	<input type="checkbox"/> Three 1 ft <sup>3</sup> Samples (CRS.6040P)	ISO Classification <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6 <input type="checkbox"/> 5
		<input type="checkbox"/> One 1 m <sup>3</sup> Sample (CRS.6040PEU)	
		<input type="checkbox"/> One 0.1 m <sup>3</sup> Sample (CRS.6040PEU)	
<input type="checkbox"/>	Smoke Study – Air Flow Pattern Testing (CRS.6040S)		
<input type="checkbox"/>	Temperature and Humidity Measurement (CRS.6040TH)		
<input type="checkbox"/>	Velocity/Volumetric Airflow Testing (CRS.6040V)		



# Cleanroom Services Test Request Form

Ship Samples To:  
Cambrex • Attn: Sample Login  
104 Gold St. • Agawam, MA 01001  
Email: [login-ma@cambrex.com](mailto:login-ma@cambrex.com)

## For Internal Tracking Use

Internal #:

### Microbial Identification Services

Is microbial characterization required?	<input type="checkbox"/> Yes (complete sections below)	<input type="checkbox"/> No
<b>Frequency of Identifications</b>	<input type="checkbox"/> Action (detail in comments)	<input type="checkbox"/> Alert (detail in comments)
	<input type="checkbox"/> Fungal	<input type="checkbox"/> Other (detail in comments)

### Microbial Identification Turnaround Time (TAT)<sup>1</sup> Requested

Turnaround Time (TAT)	<input type="checkbox"/> Standard (10 day) <input type="checkbox"/> TIER 2 STAT (4 Day) <input type="checkbox"/> TIER 3 STAT (2 Day)
-----------------------	--------------------------------------------------------------------------------------------------------------------------------------------

- All TATs are in business days assuming plated, pure cultures are received. Receipt of slant or broth cultures requires subculture to be performed prior to performing identification, which may affect TAT.
- Tier 2 and Tier 3 STAT processing requires receipt of the sample(s) prior to 9:30am.
- All Mass spectrometry samples are streaked for fresh growth before testing. This may affect TAT as TAT does not start until pure cultures are obtained.

### Method: Choose ONE of the below methods (either Genetic Sequencing or Mass Spectrometry) and options as applicable

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

### Identification of Morphologies Requested:

Morphology Assessment (MA)	<b>For mixed cultures isolate and identify (additional fee applies):</b> <input type="checkbox"/> All distinct morphologies (MID.MA) <input type="checkbox"/> Top predominant morphologies (please list quantity) (MID.MA) <input type="checkbox"/> Other (provide details in additional comments) (MID.MA)
Morphology Assessment Grouping	<input type="checkbox"/> per sample <input type="checkbox"/> per room <input type="checkbox"/> per request

### Related Testing Requested:

Sample Preparation required	<input type="checkbox"/> MID.1161.SP, add if samples are not on culture media
Gram Stain	<input type="checkbox"/> Gram Stain required (MID.1017)
Copy of Raw Data	<input type="checkbox"/> Yes (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: \_\_\_\_\_