



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 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		Requestor		Invoicing (if different from Requestor)	
PO #		Contact		Contact	
Quote #		Company		Company	
Does your facility produce antibiotic or cytotoxic products? <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	
Scheduling Requirement	<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)	
Testing Turnaround Time	<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)	
Testing Frequency <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 _____				
Sample Description (use description desired on final report)	<input type="checkbox"/> N/A				
Include a copy of EM raw data with the report <input type="checkbox"/> No <input type="checkbox"/> Yes (additional fee applies)					
Number of Rooms to be Sampled at Visit					

¹Sample 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	Parameter	Client Procedure/ Guideline/ Acceptance Criteria
Active Viable Air Sampling	<input type="checkbox"/>	Single Incubation	<input type="checkbox"/> TSA (CRS.6045 or CRS.6045EU)		<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 or CRS.6045EU)			
<input type="checkbox"/> Chocolate (CRS.6045AN)						
<input type="checkbox"/>	Transfer Incubation	<input type="checkbox"/> TSA (CRS.6045T or CRS.6045TEU)				
Passive Viable Air Sampling		<input type="checkbox"/>	Single Incubation	<input type="checkbox"/> TSA (CRS.6053)		Time maximum:
	<input type="checkbox"/> SDA (CRS.6053)				_____	
	<input type="checkbox"/> Chocolate (CRS.6053AN)				Time minimum:	
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 ³ Samples (CRS.6040P)		List unique parameters if needed:	
	<input type="checkbox"/>	One 0.1m ³ Sample (CRS.6040P)				
	<input type="checkbox"/>	One 1 m ³ Sample (CRS.6040PEU)				
Other	<input type="checkbox"/>	Pressure Differentials Characterization (CRS.6040D)				
		Temperature and Humidity Measurement (CRS.6040TH)				



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

Test			Quantity	Parameter	Client Procedure/ Guideline/ Acceptance Criteria	
Compressed Gas Analysis ²	<input type="checkbox"/>	Total Air Particulate	<input type="checkbox"/> Three 1 ft ³ Samples (CRS.6041)			
			<input type="checkbox"/> One 0.1 m ³ Sample (CRS.6041)			
			<input type="checkbox"/> One 1 m ³ Sample (CRS.6041EU)			
	<input type="checkbox"/>	Dräger Tube Analysis (CRS.6043 or CRS.6043EU)	<input type="checkbox"/> Moisture (Dew Point)		<input type="checkbox"/> 25L <input type="checkbox"/> 50L	
			<input type="checkbox"/> Hydrocarbon		<input type="checkbox"/> 0.1 mg/mL <input type="checkbox"/> 0.3 mg/mL <input type="checkbox"/> 0.5 mg/mL <input type="checkbox"/> 1.0 mg/mL	
			<input type="checkbox"/> Other Drager Testing (i.e. CO, CO ₂ , SO ₂)		List what type:	
	<input type="checkbox"/>	Microbial Sampling Single Incubation	<input type="checkbox"/> TSA (CRS.6042 or CRS.6042EU)		<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.6042 or CRS.6042EU)			
			<input type="checkbox"/> Chocolate (CRS.6042AN or CRS.6042ANEU)			
	<input type="checkbox"/>	Microbial Sampling Transfer Incubation	<input type="checkbox"/> TSA (CRS.6042T or CRS.6042TEU)			
<input type="checkbox"/> Nitrogen Tests			<input type="checkbox"/> Match and Odor test (CRS.NIT)			

²(Compressed gas sampling ports should be fitted with a 1/4" female quick-connect)

Controlled Environment Certifications

Test		Quantity	Client Procedure/ Guideline/ Acceptance Criteria
<input type="checkbox"/>	Biosafety Cabinet Certification (CRS.6040B)		
<input type="checkbox"/>	Fume Hood Validation (CRS.6040F)		
<input type="checkbox"/>	Laminar Flow Hood Certification, hood with single HEPA (CRS.6040H)		
<input type="checkbox"/>	Laminar Flow Hood Certification, hood with multiple HEPAs(CRS.6040HL)		
<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 ³ 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 0.1 m ³ Sample (CRS.6040P)	
		<input type="checkbox"/> One 1 m ³ 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)		

Plates for Incubation

			Quantity	Client Procedure / Guideline / Acceptance Criteria
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	TSA (CRS.6002T)	
<input type="checkbox"/>	USP <797> Gloved Fingertip	<input type="checkbox"/> Initial	CRS.3002	*
		<input type="checkbox"/> Requalification		
		<input type="checkbox"/> Combination (list in comments)		

Sample Description (use description desired on final report)

N/A

³Sample 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



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Microbial Identification Services

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

Microbial Identification Turnaround Time (TAT)¹ 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)
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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)	<input type="checkbox"/> Genetic Sequencing (GENSEQ) <input type="checkbox"/> Include a copy of the Phylogenetic Tree (MID.Tree) (additional fee applies)
Mass Spectrometry (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)	For mixed cultures isolate and identify (additional fee applies): <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.Gram)
Copy of Raw Data	<input type="checkbox"/> Yes (Additional fee applies)
Microorganism Trending	<input type="checkbox"/> Per Genus <input type="checkbox"/> Per Species <input type="checkbox"/> Up To One Month of Trending (MID.Trend.1) (additional fee applies) <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 Testing Comments

<input type="checkbox"/> 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: _____

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