



USP <60>, <61>, <62> 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:	

Include Purchase Order (PO) # to initiate product testing services. Failure to submit completed Test Request Forms or include 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	
Turnaround Time (TAT)		Address		Address	
Standard TIER 1 STAT See quote for TAT and additional fees TIER 2 STAT TIER 3 STAT		City		City	
		State/Zip		State/Zip	
		Phone		Phone	
		E-mail		E-mail	

The TAT for USP <62> testing received after 12:00 P.M. on Wednesdays, will begin the following Monday unless weekend work is requested.

Expedited Test Initiation – Select box below for testing initiation within three business days of sample receipt, subject to Cambrex availability. See quote for additional fees.

Check if requested:	Initiation timeline:
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Sample Handling, Safety, and Disposition - Please include SDS in shipment – Complete ALL Sections

Shipping Conditions (check one)	Ambient	Freezer Pack	Dry Ice	Unless noted, temperature data/recorded returned to Requestor.
Storage Conditions (check one)	Ambient	2-8°C	-20°C	-70°C
If no Storage Condition selected, samples will automatically be stored at shipping conditions upon receipt.				
Controlled Substance?	No	Yes	Schedule: II* III IV V	List DEA#:
*Cambrex does not accept Schedule I. If Schedule II sample, Cambrex requires a completed DEA222 form.				
Radioactive?	No	Yes	If yes, contact Cambrex for approval and to coordinate shipment/receipt of the material	
Hazard Information (check all that apply) Please include SDS in shipment	Non-Hazardous		Biological	
	Chemical		BSL 1	BSL 2
Sample Disposition	Discard all samples		Return all samples*	
	Return unused portions only*		Other (list in comments)	
* Return via: FedEx : FedEx Account #: _____ (Additional fees may apply, see quote. If no FedEx account # listed, the shipment charges will be applied to the PO above)				

Sample Information and Requested Testing

Quantity	Lot #	Material Name / Sample Description (Will be reflected on final report)	Client SOP #	Test Code (See quote)	Specification (Required)

Are samples to be shared across additional testing: No Yes: Test samples to be shared:

Include copy of the raw data? No Yes (additional charge applies, see quote)

Method: Select ALL that apply. NOTE: Minimum quantities noted are per test selected, 3 lots recommended for validation; *organism specific, additional material may be required. **If batch size is <1000g or 1000mL, please supply 1% of the batch size if 10g or mL cannot be provided

USP <60> Tests for <i>B. cepacia</i> complex:	Routine (min 1g or mL)	Suitability/ Validation (min 4g or mL)	
USP <61> Microbial Enumeration:	Routine (min 10g or mL)**	Suitability/ Validation (min 10g or mL)**	Feasibility (min 6g)
USP <62> Tests for Specified Organisms:	Routine (min 15g or mL)*	Suitability/ Validation (min 18g or mL)*	

USP <60>, <62> Organism Screening: Select ALL that apply

<i>Escherichia coli</i>	Bile-tolerant Gram-negatives	<i>Candida albicans</i>
<i>Staphylococcus aureus</i>	<i>Salmonella enterica</i> (requires 10g of sample)	<i>Burkholderia cepacia</i> complex
<i>Pseudomonas aeruginosa</i>	<i>Clostridia</i> spp.	Other:

See next page for Microbial IDs, additional testing, and comments.

Submission of this executed form and the associated samples for testing signifies your acceptance of the terms and conditions incorporated in the Quote, or if none, Cambrex' general terms and conditions covering these services (See: <http://Cambrex.com/Forms-and-Certificates>).

