



## Cleanroom Services

### Test Request Form

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

#### For Internal Use Only

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

**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.**

**If you prefer to pay by Credit Card – please speak with your Account Manager and Cambrex will setup your account with EPAY**

Please fill out form completely

		Requestor		Invoicing (if different from Requestor)			
PO #		Contact		Send Invoice To			
Quote #		Company		Company			
<b>Does your facility produce antibiotic or cytotoxic products?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (additional hourly fees apply)		Address		Address			
		City		City			
		State/Zip		State/Zip			
		Phone		Phone			
		E-mail		E-mail			
<b>Scheduling Requirement</b>	<input type="checkbox"/> Standard (≥10 days)	<input type="checkbox"/> Tier 1 STAT (5-9 days) (50% surcharge)	<input type="checkbox"/> Tier 2 STAT (3-4 days) (100% surcharge)	<input type="checkbox"/> Tier 3 STAT (≤ 2 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 (Encompasses Current Request Through End of Year)</b>	<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<sup>1</sup></b> (use description desired on final report)	<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 (\$75 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	
<b>Active Viable Air Sampling</b>	<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)				
<b>Passive Viable Air Sampling</b>	<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)				
<b>Viable Surface Sampling</b>	<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)				
<b>Non-Viable Air Particulate</b>	<input type="checkbox"/>	Three 1 ft <sup>3</sup> Samples (CRS.6040P)					
	<input type="checkbox"/>	One 1 m <sup>3</sup> Sample (CRS.6040PEU)					



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### 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) <input type="checkbox"/> One 1 m <sup>3</sup> Sample (CRS.6041EU)	Sample Volume: <input type="checkbox"/> 90 L <input type="checkbox"/> 240 L <input type="checkbox"/> 500 L <input type="checkbox"/> 1000 L	
		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)
		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)	*
		Transfer Incubation	<input type="checkbox"/> TSA (CRS.6002T)	
		USP <797> Gloved Fingertip	<input type="checkbox"/> CRS.3002	
	<input type="checkbox"/> Initial <input type="checkbox"/> Regualification			
	<input type="checkbox"/> Combination (list in comments)			

Sample Description <sup>2</sup> (use description desired on final report)	<input type="checkbox"/> N/A
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<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) <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)	ISO Classification <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6 <input type="checkbox"/> 5
	<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)		



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### Microbial Characterization Services

Is microbial characterization required?		<input type="checkbox"/> Yes (complete sections below) <input type="checkbox"/> No	
Test	Turnaround Time (for testing below only)		
<input type="checkbox"/> <b>Microbial ID via MicroSeq®</b>	<input type="checkbox"/> Standard TAT <sup>5</sup> (10 Day, MID.1161.10Day)	<input type="checkbox"/> Expedited TAT <sup>5</sup> (4 Day, MID.1161.4Day)	<input type="checkbox"/> STAT TAT <sup>5</sup> (2 Day, MID.1161.2Day)
<input type="checkbox"/> <b>Phylogenetic Tree (MicroSeq only)</b>	<input type="checkbox"/> Include a copy of the Phylogenetic Tree with the report (MID.1161T, \$35.00)		
<input type="checkbox"/> <b>Microbial ID via Vitek MS®- Bacterial</b>	<input type="checkbox"/> Standard TAT <sup>5</sup> (4 Day, MID.1162.4Day)	<input type="checkbox"/> STAT TAT <sup>5</sup> (2 Day, MID.1162.2Day)	<input type="checkbox"/> Do not transfer to MicroSeq
<input type="checkbox"/> <b>Microbial ID via Vitek MS®- Mold</b>	<input type="checkbox"/> Standard TAT <sup>5</sup> (4 Day, MID.1163.4Day)	<input type="checkbox"/> STAT TAT <sup>5</sup> (2 Day, MID.1163.2Day)	
<input type="checkbox"/> <b>Gram Stain (MID.1017)</b>	<input type="checkbox"/> Standard TAT	<input type="checkbox"/> Tier 1 STAT (50% surcharge/test)	<input type="checkbox"/> Tier 2 STAT (100% surcharge/test)
	<input type="checkbox"/> Tier 3 STAT (200% surcharge/test)		
<b>How many IDs / Gram stains are required?</b>	<input type="checkbox"/> All Distinct Morphologies	<input type="checkbox"/> Top _____ Predominant Morphologies <sup>3</sup>	<input type="checkbox"/> Diverse Morphologies <sup>4</sup>
	<input type="checkbox"/> Other (detail in comments)		
<b>Frequency of IDs/Gram stains</b>	<input type="checkbox"/> Alert (detail in comments)	<input type="checkbox"/> Action (detail in comments)	<input type="checkbox"/> Fungal
	<input type="checkbox"/> Other (detail in comments)		
Include a copy of raw data with report?		<input type="checkbox"/> No <input type="checkbox"/> Yes (\$75 fee applies)	
<b>Comments</b>	<input type="checkbox"/> N/A		

<sup>3</sup>Test code MID.1161.MA will be assessed per plate examined.

<sup>4</sup>Colonies are chosen at the discretion of trained analysts for unique characteristics. Test code MID.1161.MA does not apply.

<sup>5</sup>If isolation of pure cultures is required, the turnaround time clock begins upon attainment of isolated culture.

### Additional Testing Comments

<input type="checkbox"/> N/A	
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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: \_\_\_\_\_