

**Hazardous Drug Sampling Kit Request Form**

**Defense Centers for Public Health - Aberdeen, Laboratory Sciences Directorate**

**Date of Request:**

**Customer Ship-To Address:**

**Location Name:**

**Point of Contact (POC):**

**POC Phone Number:**

**POC Email Address:**

**Shipping Address:**

**City:**

**State:**

**Zip Code:**

**Customer Request:**

**Date Kit is Required:**

**Total Number of Samples Required (including field blanks):**

*NOTE: For each sample, the following will be provided: 1 swab, 1 vial, and 1 template. One 20-mL vial of wetting solution will also be provided for every 20 samples.*

**ADDITIONAL Requests (i.e., extra wetting solution, templates, etc.):**

**Analyte(s) Requested (Place a "X" next to requested analytes):**

5-Fluorouracil \_\_\_\_ Methotrexate \_\_\_\_ Ifosfamide \_\_\_\_  
Cyclophosphamide \_\_\_\_ Doxorubicin \_\_\_\_ Paclitaxel \_\_\_\_

**Standard Turnaround Time (TAT) for Hazardous Drug Analysis is 28 days, if expedited TAT is needed, please include a justification below:**

*NOTE: Your justification will be reviewed and you will be notified of the final decision. Typically, work stoppages, known worker exposure, and similar situations will warrant an expedited TAT.*

**--- STOP HERE (Next page is for APHC personnel only) ---**

**For Internal Use Only:**

IH Media Request ID#:

Sample vials:

Quantity: \_\_\_\_\_

Templates:

Quantity: \_\_\_\_\_

Wipe Swabs:

Quantity: \_\_\_\_\_

Wetting Solution (20ml vial(s)):

Quantity: \_\_\_\_\_

From (LC): \_\_\_\_\_

Date: \_\_\_\_\_

To (SMT): \_\_\_\_\_

Date: \_\_\_\_\_

Items Shipped in Cooler/w Ice Packs:

Date: \_\_\_\_\_

Notes/Comments: