Hazardous Drug Sampling Kit Request Form

Defense Centers for Public Health - Aberdeen, Laboratory Sciences Directorate

Date of Request: **Date Kit is Required:**

Customer Ship-To Address:

Location Name:

Point of Contact (POC):

POC Phone Number:

POC Email Address:

Shipping Address:

City: **State:** **Zip Code:**

Customer Request:

Expected Sampling Date(s):

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 DCPH-A 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: