

**CHEMOTHERAPY & CYTOTOXIC DRUG ANALYSIS  
LABORATORY TEST REQUEST**



SAMPLE SUBMITTED BY:

NAME
ACCOUNT #

10329 Stony Run Lane  
Ashland, VA 23005  
Tel: (804) 365-3000  
Toll Free: (800) 888-8061  
Fax: (804) 365-3002

DATE SHIPPED	<p align="center"><b>USP Chapter &lt;800&gt; Standard <sup>1</sup> <input type="checkbox"/></b></p> <p align="center">Cyclophosphamide Monohydrate <sup>1</sup></p> <p><input type="checkbox"/> Fluorouracil</p> <p><input type="checkbox"/> Ifosfamide</p> <p><input type="checkbox"/> Methotrexate</p> <p>Additional Testing (optional)</p> <p><input type="checkbox"/> Paclitaxel</p> <p><input type="checkbox"/> Gemcitabine</p>	
SAMPLE ID		
TEST SITE NAME/ SITE NUMBER		
SAMPLE DATE		
<b>SPECIAL INSTRUCTIONS AND/OR UNUSUAL CONDITIONS:</b>		
CONTACT NAME	TELEPHONE NUMBER	E-MAIL ADDRESS

**SAMPLE KIT INSTRUCTIONS**

1. Wet one swab with deionized or distilled water and wipe a 1'x1' area.
2. Follow the wet wipe with a dry wipe.
3. Place both swabs in sample tube.
4. Fill out label and affix to sample tube.
5. Fill out Chain of Custody and place everything in zip lock bag and send back to the laboratory using the pre-paid postal box.

**PLEASE COMPLETE A SEPARATE TEST REQUEST FOR EACH SAMPLE**

**If you have any questions, please call 800-888-8061.**

<sup>1</sup> 800 Hazardous Drugs—Handling in Healthcare Settings. Guidebook to Pharmaceutical Compounding – Sterile Preparations (2013): page 25