

**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">USP Chapter <800> Standard ¹</p> <input type="checkbox"/> Cyclophosphamide Monohydrate ¹ <input type="checkbox"/> Fluorouracil <input type="checkbox"/> Ifosfamide <input type="checkbox"/> Methotrexate Additional Testing (optional) <input type="checkbox"/> Paclitaxel <input type="checkbox"/> Gemcitabine
TEST SITE NAME/ SITE NUMBER	
SAMPLE DATE	
SAMPLE ID	
SAMPLE ID	
SAMPLE ID	
SAMPLE ID	
SAMPLE ID	
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SPECIAL INSTRUCTIONS AND/OR UNUSUAL CONDITIONS:

CONTACT NAME	TELEPHONE NUMBER	E-MAIL ADDRESS
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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.

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

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