

# HIGH POTENCY/HAZARDOUS DRUG ANALYSIS

## SURFACE WIPE TEST REQUEST FORM



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

SAMPLE SUBMITTED BY

NAME:	SAMPLE ID:
ACCOUNT #:	SAMPLE DATE:
PROJECT NUMBER:	DATE SHIPPED:

### USP Chapter <800> Standard <sup>1</sup>

#### Group 1

Select any combination from the list below.

- 5-FU (Fluorouracil)
- Cyclophosphamide
- Ifosfamide
- Methotrexate
- Paclitaxel
- Docetaxel

#### Group 2

Select **only** one from the list below.

- Gemcitabine Hydrochloride
- Testosterone
- Estradiol
- Progesterone
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

#### Group 3

Select **one** profile only from the list below.

- 1** 5-FU, Cyclophosphamide, Ifosfamide, Methotrexate
- 2** Paclitaxel, Docetaxel
- 3** Platinum Analogues  
(Testing for H<sub>2</sub>O soluble platinum (cis, oxali, carbo), not compound specific.)
- 4** Testosterone, Estradiol, Progesterone

**If you need a profile or compound combination not seen above, please call lab for confirmation prior to sampling.**

SPECIAL INSTRUCTIONS AND/OR UNUSUAL CONDITIONS:		
CONTACT NAME	TELEPHONE NUMBER	E-MAIL ADDRESS

#### SAMPLE KIT INSTRUCTIONS

1. Wet one swab with deionized or distilled water and wipe a 1 foot by 1 foot 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