Cambrex	**USP <60>, <61>, <62> Test Request Form** Ship Samples To: Cambrex • Attn: Sample Login 104 Gold St. • Agawam, MA 01001 Email: login-ma@cambrex.com	**For Internal Tracking Use**	
		Internal #:	
		Initial/Rec'd Via:	
		Date/Time:	

A Purchase Order (PO) should be submitted with the product to initiate product testing services. Failure to submit completed Test Request Forms or include a PO may result in testing delays.

Please fill out form completely		**Requestor**		**Invoicing (if different from Requestor)**	
PO #		**Contact**		**Contact**	
Quote #		**Company**		**Company**	
Turnaround Time (TAT)		**Address**		**Address**	
☐ Standard (10 day)		**City**		**City**	
☐ TIER 1 STAT (8 Day)		**State/Zip**		**State/Zip**	
☐ TIER 2 STAT (7 Day)		**Phone**		**Phone**	
☐ TIER 3 STAT (6 Day)		**E-mail**		**E-mail**	

- The TAT for USP <62> testing received after 12:00 P.M. on Wednesdays, will begin the following Monday unless weekend work is requested which includes a 200% weekend surcharge.

Expedited test initiation for Non-STAT samples within 3 business days – additional fee applies if not required by Cambrex procedure or compendial guidance

Check if requested: ☐ | Initiation timeline:

Sample Handling, Safety, and Disposition - Please include SDS in shipment – Complete ALL Sections

Shipping Conditions (check one)	☐ Ambient ☐ Freezer Pack ☐ Dry Ice	Unless noted, temperature data/recorded returned to Requestor.
Storage Conditions (check one)	☐ Ambient ☐ 2-8°C ☐ -20°C ☐ -70°C	

If no Storage Condition selected, samples will automatically be stored at shipping conditions upon receipt.

Controlled Substance? ☐ No ☐ Yes | Schedule: ☐ II ☐ III ☐ IV ☐ V ☐ List DEA#:_____

Radioactive? ☐ No ☐ Yes | If yes, contact Cambrex for approval and to coordinate shipment/receipt of the material

Hazard Information (check all that apply) Please include SDS in shipment	☐ Non-Hazardous ☐ Chemical	☐ Biological ☐ BSL 1 ☐ BSL 2	*Cambrex cannot receive and does not test BSL 3 materials*

Sample Disposition	☐Discard all samples ☐Return all samples* ☐Return unused portions only* * Return via: ☐ FedEx ☐ Other FedEx Account #:_____ (Additional fees may apply, see quote. If no FedEx account # listed, the shipment charges will be applied to the PO above)

Sample Information and Requested Testing

Quantity	**Lot #**	**Material Name / Sample Description** (Will be reflected on final report)	**Client SOP #**	**Test Code** (See quote)	**Specification** (Required)

Are samples to be shared across Requested testing: ☐ No ☐ Yes: Test samples to be shared: _____

Include copy of the raw data? ☐ No ☐ Yes (additional charge applies, see quote)

Method: Select ALL that apply. NOTE: Minimum quantities noted are per test selected; +33g or mL*, 3 lots recommended for validation; *organism specific, additional material may be required.

☐ USP <60> Tests for *B. cepacia* complex: ☐ Routine (min 4g or ml) ☐ Suitability (min 4g or ml) ☐ Feasibility+/ Validation+

☐ USP <61> Microbial Enumeration: ☐ Routine (min 10g or ml) ☐ Suitability (min 10g or ml) ☐ Feasibility+/ Validation+

☐ USP <62> Tests for Specified Organisms: ☐ Routine (min 23g or ml)* ☐ Suitability (min 23g or ml)* ☐ Feasibility+/ Validation+

USP <60>, <62> Organism Screening: Select ALL that apply

☐ *Escherichia coli*	☐ Bile-tolerant Gram-negatives	☐ *Candida albicans*
☐ *Staphylococcus aureus*	☐ *Salmonella enterica*	☐ *Burkholderia cepacia* complex
☐ *Pseudomonas aeruginosa*	☐ *Clostridia* spp.	☐ _____

For requested testing, are microbial IDs required? ☐ No ☐Yes, see Page 2

Submission of this executed form and the associated samples for testing signifies your acceptance of the terms and conditions incorporated in the Quote, or if none, Cambrex' general terms and conditions covering these services (See: **http://Cambrex.com/Forms-and-Certificates**).

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![Cambrex logo]

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☐ **Microbial IDs are required**   ☐ **N/A**

ID Scheme: ☐ All distinct ☐ Top __ predominant ☐ Other: _____

Test method for identifications:	☐ Genetic Sequencing (bacterial/yeast/mold)	Turnaround Time:	☐ 10 Days ☐ 4 Days ☐ 2 Days	Turnaround time clock begins upon attainment of an isolated culture.
	☐ MALDI-TOF (bacterial/yeast only)			

For GenSeq: ☐ Include a copy of the Phylogenetic Tree with the report (MID.Tree, additional fees apply)

For MALDI: ☐ Do NOT transfer failed samples to GenSeq (Isolates which were not identified via MALDI will be automatically tested via GenSeq unless the box here is checked. Additional fees will apply, see quote.)

☐ **Additional Sample Information and Requested Testing**   ☐ **N/A**

Quantity	Lot #	Material Name / Sample Description (Will be reflected on final report)	Client SOP #	Test Code (See quote)	Specification (Required)

☐ **Additional Requests/ Testing Comments**   ☐ **N/A**

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