

	Cleanroom Services Test Request Form Ship Samples To: Avista Pharma Solutions • Attn: Sample Login 104 Gold St. • Agawam, MA 01001 Email: login-ma@avistapharma.com		For Internal Use Only	
			Sample #:	
			Rec'd by Date/Time	
			Rec'd Via:	

Billing / Requestor Information					
PO #:		Quote #: (if applicable)			
Report Attn:		Send Invoice To:			
Company:		Company:			
Address:		Address:			
City/State/Zip		City/State/Zip:			
Phone:		Phone:			
E-mail:		E-mail:			
Scheduling Requirement:	<input type="checkbox"/> Standard	<input type="checkbox"/> Tier 1 STAT (50% surcharge)	<input type="checkbox"/> Tier 2 STAT (100% surcharge)	<input type="checkbox"/> Tier 3 STAT (200% surcharge)	
Testing Turnaround Time:	<input type="checkbox"/> Standard TAT	<input type="checkbox"/> Tier 1 STAT (50% surcharge/test)	<input type="checkbox"/> Tier 2 STAT (100% surcharge/test)	<input type="checkbox"/> Tier 3 STAT (200% surcharge/test)	
Testing Frequency	<input type="checkbox"/> One Time	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Biannual	
Does your facility produce antibiotic or cytotoxic products?		<input type="checkbox"/> Yes (additional hourly fees apply)		<input type="checkbox"/> No	
Sample Description¹ (use description desired on final report)	<input type="checkbox"/> N/A				

¹ Sample description default is Environmental Monitoring and/or certification on (sample date), if not specified above.

On-site Environmental Monitoring and Compressed Gas Testing					
			Test	Quantity	Client Procedure / Guideline
Active Viable Air Sampling	<input type="checkbox"/>	Single Incubation	<input type="checkbox"/> TSA (CRS.6045)		
			<input type="checkbox"/> SDA (CRS.6045)		
	<input type="checkbox"/>	Transfer Incubation	<input type="checkbox"/> Chocolate (CRS.6045 and CRS.Anaerobe)		
			<input type="checkbox"/> TSA (CRS.6045T)		
Passive Viable Air Sampling	<input type="checkbox"/>	Single Incubation	<input type="checkbox"/> TSA (CRS.6053)		
			<input type="checkbox"/> SDA (CRS.6053)		
	<input type="checkbox"/>	Transfer Incubation	<input type="checkbox"/> Chocolate (CRS.6053 and CRS.Anaerobe)		
			<input type="checkbox"/> TSA (CRS.6053T)		
Viable Surface Sampling	<input type="checkbox"/>	Single Incubation	<input type="checkbox"/> TSA (CRS.6046)		
			<input type="checkbox"/> SDA (CRS.6046)		
	<input type="checkbox"/>	Transfer Incubation	<input type="checkbox"/> Chocolate (CRS.6046 and CRS.Anaerobe)		
			<input type="checkbox"/> TSA (CRS.6046T)		
Non-Viable Air Particulate	<input type="checkbox"/>	Three 1 ft ³ Samples (CRS.6040P)			
	<input type="checkbox"/>	One 1 m ³ Sample (CRS.6040PEU)			
Compressed Gas Analysis	<input type="checkbox"/>	Total Air Particulate	<input type="checkbox"/> Three 1 ft ³ Samples (CRS.6041)		
			<input type="checkbox"/> One 1 m ³ Sample (CRS.6041EU)		
	<input type="checkbox"/>	Dräger Tube Analysis	<input type="checkbox"/> Moisture (CRS.6043)		
			<input type="checkbox"/> Hydrocarbon (CRS.6043)		
	<input type="checkbox"/>	Microbial Sampling Single Incubation	<input type="checkbox"/> TSA (CRS.6042)		
			<input type="checkbox"/> SDA (CRS.6042)		
			<input type="checkbox"/> Chocolate (CRS.6042 and CRS.Anaerobe)		
	<input type="checkbox"/>	Microbial Sampling Transfer Incubation	<input type="checkbox"/> TSA (CRS.6042T)		
	<input type="checkbox"/>	Dew Point Testing (CRS.6055)			
	<input type="checkbox"/>	Nitrogen Tests	<input type="checkbox"/> Identity (CHM.4121)		
<input type="checkbox"/> Odor Testing (CHM.4120)					

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Off-site Environmental Monitoring Testing					
Test				Quantity	Client Procedure / Guideline
Plate Incubation and Analysis Only	<input type="checkbox"/>	Single Incubation	<input type="checkbox"/> TSA (CRS.6002)		
			<input type="checkbox"/> SDA (CRS.6002)		
			<input type="checkbox"/> Anaerobe (CRS.6002 and CRS.Anaerobe)		
	<input type="checkbox"/> Transfer Incubation	<input type="checkbox"/> TSA (CRS.6002T)			
	<input type="checkbox"/> USP <797> Gloved Fingertip	<input type="checkbox"/> CRS.3002			
Sample Description² (use description desired on final report)		<input type="checkbox"/> N/A			

² Sample description default is (#) Environmental Monitoring Plates/USP <797> Gloved Fingertip plates received on DDMMYY, if not specified above.

Controlled Environment Certifications				
Test			Quantity	Client Procedure / Guideline
<input type="checkbox"/>	Biosafety Cabinet Certification (CRS.6040B)			
<input type="checkbox"/>	Fume Hood Validation (CRS.6040F)			
<input type="checkbox"/>	Laminar Flow Hood Certification (CRS.6040H)			
<input type="checkbox"/>	Isolator/Glove Box Certification (CRS.6040I)			
<input type="checkbox"/>	Pressure Differentials Characterization (CRS.6040D)			
<input type="checkbox"/>	HEPA Filter Leak Integrity (CRS.6040L)			
<input type="checkbox"/>	Total Particulate Sampling	<input type="checkbox"/> Three 1 ft ³ Samples (CRS.6040P)		
		<input type="checkbox"/> One 1 m ³ Sample (CRS.6040PEU)		
<input type="checkbox"/>	Smoke Study – Air Flow Pattern Testing (CRS.6040S)			
<input type="checkbox"/>	Temperature and Humidity Measurement (CRS.6040TH)			
<input type="checkbox"/>	Velocity/Volumetric Airflow Testing (CRS.6040V)			

Microbial Characterization Services					
Is microbial characterization required?		<input type="checkbox"/> Yes (complete sections below)		<input type="checkbox"/> No	
Test		Turnaround Time (for testing below only)			
<input type="checkbox"/>	Microbial ID via MicroSeq®	<input type="checkbox"/> Standard TAT (10 Day, MID.1161.10Day)	<input type="checkbox"/> Expedited TAT (4 Day, MID.1161.4Day)	<input type="checkbox"/> STAT TAT (2 Day, MID.1161.2Day)	
<input type="checkbox"/>	Microbial ID via Vitek MS®	<input type="checkbox"/> Standard TAT (4 Day, MID.1162.4Day)	<input type="checkbox"/> Expedited TAT (2 Day, MID.1162.2Day)		
<input type="checkbox"/>	Gram Stain (MID.1017)	<input type="checkbox"/> Standard TAT	<input type="checkbox"/> Tier 1 STAT (50% surcharge/test)	<input type="checkbox"/> Tier 2 STAT (100% surcharge/test)	<input type="checkbox"/> Tier 3 STAT (200% surcharge/test)
How many IDs / Gram stains are required?		<input type="checkbox"/> All Distinct Morphologies ³	<input type="checkbox"/> Top Predominant Morphologies ³	<input type="checkbox"/> Diverse Morphologies ⁴	<input type="checkbox"/> Other (detail in comments)
Frequency of IDs / Gram stains		<input type="checkbox"/> Alert (detail in comments)	<input type="checkbox"/> Action (detail in comments)	<input type="checkbox"/> Fungal	<input type="checkbox"/> Other (detail in comments)
Comments		<input type="checkbox"/> N/A			

³ Test code MID.1161.MA will be assessed per plate examined.

⁴ Colonies are chosen at the discretion of trained analysts for unique characteristics. Test code MID.1161.MA does not apply.



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Additional Testing Comments

N/A

Signature: _____ Date: _____ Page _____ of _____

I have read and agree to the General Terms and Conditions as listed in the quotation.
A Test Request Form and Purchase Order (PO) must 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.