

**Kit ID Number:**

# ChemoGLO™ Site Map Form

<b>Site:</b> _____		<b>Sponsor:</b> _____		<b>Wipe Date:</b> _____	
<b>Site Address:</b> _____					
Street Address			Building / Department / Room		
City		State		ZIP Code	
<b>Report to be sent to:</b> _____					
Last Name		First Name		Title	
<b>Phone:</b> ( ) _____		<b>E-mail :</b> _____			
<b>Individual conducting wipe sample:</b> _____					
Last Name		First Name		Title	
<b>Phone:</b> ( ) _____		<b>E-mail :</b> _____			
<b>Time of Test</b> <input type="checkbox"/> Start of the Day <input type="checkbox"/> Closed system transfer device in use? <input type="checkbox"/> Middle of the Day <input type="checkbox"/> Surface cleaned immediately prior to test? <input type="checkbox"/> End of the Day <input type="checkbox"/> Is this a re-wipe?					
<b>Cleaning Product Used:</b> _____					
<b>Check box for drugs to be analyzed</b>					
<b>Yes</b>	<b>Doses per Month</b>	<b>Yes</b>	<b>Doses per Month</b>	<b>Yes</b>	<b>Doses per Month</b>
<input type="checkbox"/>	Docetaxel _____	<input type="checkbox"/>	Daunorubicin _____	<input type="checkbox"/>	Estradiol _____
<input type="checkbox"/>	Paclitaxel _____	<input type="checkbox"/>	Cytarabine _____	<input type="checkbox"/>	Estriol _____
<input type="checkbox"/>	5-Fluorouracil _____	<input type="checkbox"/>	Etoposide _____	<input type="checkbox"/>	Estrone _____
<input type="checkbox"/>	Cyclophosphamide _____	<input type="checkbox"/>	Vincristine _____	<input type="checkbox"/>	Progesterone _____
<input type="checkbox"/>	Ifosfamide _____	<input type="checkbox"/>	Irinotecan _____	<input type="checkbox"/>	Testosterone _____
<input type="checkbox"/>	Methotrexate _____	<input type="checkbox"/>	Gemcitabine _____	<input type="checkbox"/>	Testosterone Enanthate _____
<input type="checkbox"/>	Busulfan _____	<input type="checkbox"/>	Mitomycin C _____	<input type="checkbox"/>	Testosterone Propionate _____
<input type="checkbox"/>	Doxorubicin _____	<input type="checkbox"/>	5-Azacytidine _____		
<input type="checkbox"/> Platinum Analogues* _____ * If requesting platinum analogues, indicate the type of material wiped in Comments below (e.g. plastic, steel, etc.)					
<b>Wipe Area</b>	<b>Location Description</b>		<b>Department</b>	<b>Comment*</b>	
# 1					
# 2					
# 3					
# 4					
# 5					
# 6					

Submit the completed Site Map Form to:  
Cara Zamboni  
[cara@chemoglo.com](mailto:cara@chemoglo.com)



**Laboratory Use Only:** Vials: \_\_\_\_\_  
Receipt date: \_\_\_\_\_ By: \_\_\_\_\_