ChemoGLO™ Site Map Form

WIPE DATE:

Site: _____ **Sponsor:** _____

Site Address: _____

Street Address *Building/Department/Room*

City *State* *ZIP Code*

Report to be sent to: _____ **Title:** _____

Last Name *First Name*

Phone: ( ) **E-mail :**

Individual conducting wipe sample: _____ **Title:** _____

Last Name *First Name*

Phone: ( ) **E-mail :**

Time of Test

- ☐ Start of the Day
- ☐ Middle of the Day
- ☐ End of the Day

Closed system transfer device in use? ☐

Surface cleaned immediately prior to test? ☐

Is this a re-wipe? ☐

Cleaning Product Used:

Check box for drugs to be analyzed

Doses per Month		YES	Doses per Month		Yes	Doses per Month		Yes
Docetaxel		☐	Busulfan		☐	Gemcitabine		☐
Paclitaxel		☐	Doxorubicin		☐	Mitomycin C		☐
5-Fluorouracil		☐	Daunorubicin		☐	5-Azacytidine		☐
Cyclophosphamide		☐	Cytarabine		☐			
Ifosfamide		☐	Etoposide		☐			
Methotrexate		☐	Vincristine		☐			
Platinum Analogues*		☐	Irinotecan		☐			

* If requesting platinum analogues, indicate the type of material wiped (e.g. plastic, steel, etc.)

Wipe Area ID	Location Description*	Department	Comment
# 1			
# 2			
# 3			
# 4			
# 5			
# 6			