

# 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	Closed system transfer device in use?		<input type="checkbox"/>	
	<input type="checkbox"/> Middle of the Day	Surface cleaned immediately prior to test?		<input type="checkbox"/>	
	<input type="checkbox"/> End of the Day	Is this a re-wipe?		<input type="checkbox"/>	
<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>	
<b># 1</b>					
<b># 2</b>					
<b># 3</b>					
<b># 4</b>					
<b># 5</b>					
<b># 6</b>					

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