



**SAMPLING STUDY DATA FORM  
AMERICAN ANALYTICS, INC.**

AA Form No. \_\_\_\_\_

*Use one form per each date, per wiping/sampling kit, and per each sampling person*

*This completed form must be submitted with all samples when returning to AA. Also email to: [pharma@americananalytics.com](mailto:pharma@americananalytics.com), or fax to: 818-998-7258, Attn. AA-Pharma Div.*

1. Wiping/Sampling Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Year                      Month                      Day                      2. Kit No: \_\_\_\_\_ 3. P.O. Number: \_\_\_\_\_

4. Sponsor Name:	5. Sponsor Address:	
6. Sponsor Contact Person:	7. Sponsor Contact Telephone: Ext _____	8. Sponsor Contact Email:

9. Entity or Company:	10. Department/Bldg./Room:	11. Street Address, City, State & Zip:
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12. Samples Collector Name:	13. Samples Collector Phone: Ext _____	14. Samples Collector Email:
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15. Report Recipient Name:	16. Report Recipient Mailing Address:	17. Report Recipient Tel: Ext, _____	18. Report Recipient Email:
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19. Line No.	20. AA I.D. (for AA Laboratory Use Only) <sup>(a)</sup>	21. Client's Sample ID	22. Location Description & Comments	23. When was the wiping performed?			24. Indicate Surface Material <sup>(b)</sup>	25. Measurement tool used?		26. When was the surface cleaned?		
				Early in day	Mid day	End of day		Frame Provided	Other	Just Before Re-Wiping	Re-wiping	Other
1				✓	✓	✓		✓	✓	✓	✓	
2												
3												
4												
5												
6												

<b>27. For AA Laboratory Use Only<sup>(a)</sup></b>  AA Work Order No. _____ AA Project No. _____	<b>28. Check box for requested analysis</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> Docetaxel _____ Doses per month _____  <input type="checkbox"/> Busulfan _____  <input type="checkbox"/> Paclitaxel _____  <input type="checkbox"/> Doxorubicin _____  <input type="checkbox"/> Docetaxel _____  <input type="checkbox"/> 5-Fluorouracil _____         </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> Cyclophosphamide _____  <input type="checkbox"/> Cytarabine _____  <input type="checkbox"/> Ifosfamide _____  <input type="checkbox"/> Etoposide _____  <input type="checkbox"/> Cytarabine _____  <input type="checkbox"/> Other: _____         </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> Methotrexate _____  <input type="checkbox"/> Daunorubicin _____  <input type="checkbox"/> Vincristine _____  <input type="checkbox"/> Daunorubicin _____  <input type="checkbox"/> Platinum Analogs<sup>(c)</sup> _____         </td> </tr> </table>	<input type="checkbox"/> Docetaxel _____ Doses per month _____ <input type="checkbox"/> Busulfan _____ <input type="checkbox"/> Paclitaxel _____ <input type="checkbox"/> Doxorubicin _____ <input type="checkbox"/> Docetaxel _____ <input type="checkbox"/> 5-Fluorouracil _____	<input type="checkbox"/> Cyclophosphamide _____ <input type="checkbox"/> Cytarabine _____ <input type="checkbox"/> Ifosfamide _____ <input type="checkbox"/> Etoposide _____ <input type="checkbox"/> Cytarabine _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Methotrexate _____ <input type="checkbox"/> Daunorubicin _____ <input type="checkbox"/> Vincristine _____ <input type="checkbox"/> Daunorubicin _____ <input type="checkbox"/> Platinum Analogs <sup>(c)</sup> _____
<input type="checkbox"/> Docetaxel _____ Doses per month _____ <input type="checkbox"/> Busulfan _____ <input type="checkbox"/> Paclitaxel _____ <input type="checkbox"/> Doxorubicin _____ <input type="checkbox"/> Docetaxel _____ <input type="checkbox"/> 5-Fluorouracil _____	<input type="checkbox"/> Cyclophosphamide _____ <input type="checkbox"/> Cytarabine _____ <input type="checkbox"/> Ifosfamide _____ <input type="checkbox"/> Etoposide _____ <input type="checkbox"/> Cytarabine _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Methotrexate _____ <input type="checkbox"/> Daunorubicin _____ <input type="checkbox"/> Vincristine _____ <input type="checkbox"/> Daunorubicin _____ <input type="checkbox"/> Platinum Analogs <sup>(c)</sup> _____		
29. Closed system transfer devices in use? <input type="checkbox"/> Yes <input type="checkbox"/> No Device Name & Model No. _____				

Note: Sample(s) will be disposed of after 45 days following the submittal of the sample(s) to American Analytics, Inc. Use and attach additional notes if necessary. <sup>(a)</sup> Shaded items are for American Analytics Use Only. <sup>(b)</sup> Examples of surface materials: Stainless Steel, Plastic, Vinyl Floor, Phenolic Resin, Glass, etc. <sup>(c)</sup> Must indicate surface type.

30. **Mailed overnight!** by:  Courier  
 FedEx next morning delivery  Other \_\_\_\_\_  
 Tracking No. \_\_\_\_\_