



# WIPE SAMPLE CHAIN OF CUSTODY (COC)

Use separate forms for each date, or wipe/sampling kit, and for each sampling person

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

1. Wiping/Sampling Date (yy/mm/dd):	2. Kit Number:	3. Name of P.O's Organization:	4. P.O Number:
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**Billing (Sponsor) Information:** Please check if a copy of the report should be sent to the sponsor

5. Company:	6. Contact Person:	7. Phone (+ ext.):
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8. Address (including: street, city, state, zip):	9. Email:
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**Sampling Site Information:**

10. Name of Organization:	11. Sample Collector Name:	12. Sample Collector Phone (+ext.):
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13. Address (street, city, state, zip):	14. Department/Bldg/Room:	15. Sample Collector Email:
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**Report Recipient Information:**

16. Report Recipient Name:	17. Report Recipient Mailing Address:	18. Report Recipient Phone (+ ext.):	19. Report Recipient Email:
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**Sampling Information:** (\*Please use the same Location Description in consecutive sampling events for trend and statistical analysis)

20. Line no.	AA Laboratory Use Only <sup>(a)</sup>		23. Client Sample ID	24. Location Description*	25. Time of Wiping? (24Hr, HH:MM)	26. Indicate Surface Material <sup>(b)</sup>	27. Frame Used ? (✓)	28. Measuring Tape Used? Dimensions (in)		29. Date Surface Cleaned?
	21. AA No.	22. Vial ID						X	Y	
1.										
2.										
3.										
4.										
5.										
6.										

30. Relinquished/Received By:	Date:	Time:	31. Check Box for Requested Analysis											
			Doses per month			Doses per month			Doses per month					
			<input type="checkbox"/> Docetaxel _____	<input type="checkbox"/> Cyclophosphamide _____	<input type="checkbox"/> Daunorubicin _____	<input type="checkbox"/> Busulfan _____	<input type="checkbox"/> Cytarabine _____	<input type="checkbox"/> Vincristine _____	<input type="checkbox"/> Paclitaxel _____	<input type="checkbox"/> Ifosfamide _____	<input type="checkbox"/> Platinum Analogs _____	<input type="checkbox"/> Doxorubicin _____	<input type="checkbox"/> Etoposide _____	<input type="checkbox"/> Gemcitabine _____
			<input type="checkbox"/> 5-Fluorouracil _____	<input type="checkbox"/> Methotrexate _____	<input type="checkbox"/> Other: Please Contact Us for Details and Availability	<input type="checkbox"/> Mitomycin C _____								
AA Work Order No.														
AA Project No.														

<p><b>Note:</b> 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. (a) Shaded items are for American Analytics Use Only. (b) Must indicate surface type. Examples of surface materials: Stainless Steel, Plastic, Vinyl Floor, Phenolic Resin, Glass, etc.</p>	32. Closed system transfer devices in use? <input type="checkbox"/> Yes <input type="checkbox"/> No      Device Name and Model No.: _____  33. <b>Mailed overnight!</b> by: <input type="checkbox"/> Courier <input type="checkbox"/> FedEx (Priority Overnight Delivery) <input type="checkbox"/> Other _____ Tracking No. _____
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