



Environmental Microbiological Monitoring Program

Order Form

Pharmacy Name:	
Pharmacy License ID:	
Contact Name:	Mail Results To:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone: Fax:	E-mail:

Provide *Laminar Air Flow Work Bench (LAFW)* identification. Indicate **weekly or **monthly** monitoring schedule.**
Notes: Weekly monitoring is required for LAFW (sterile compounding areas) used for high-risk preparations.
Monthly monitoring is required for LAFW used for low- and medium-risk preparations.
 Duplicate this form if necessary

1. LAFW Identification:

Make/Manufacturer _____ Model _____ Serial Number _____

Used for

- High Risk Preparations (requires weekly monitoring)
- Low- and Medium-Risk Preparations (requires monthly monitoring)

2. LAFW Identification:

Make/Manufacturer _____ Model _____ Serial Number _____

Used for

- High Risk Preparations (requires weekly monitoring)
- Low- and Medium-Risk Preparations (requires monthly monitoring)

Indicate Total Number of Weekly and Monthly Monitoring Sampling Sets Required

_____ Weekly Monitoring (includes 52 sampling sets per year)	@ \$4,800.00 per year	\$ _____ .00
_____ Monthly Monitoring (includes 12 sampling sets per year)	@ \$1,500.00 per year	\$ _____ .00
_____ 3 Month Trial (1 sampling set per month for 3 months)	@ \$ 450.00 per 3mo	\$ _____ .00
_____ 1 Sampling Set (6 tests)	@ \$ 175.00 per set	\$ _____ .00
TOTAL		\$ _____ .00

Method of Payment

Purchase Order # _____	Check # _____
Credit Card # _____	Expiration Date _____
Name on card _____	
Circle one: Visa MasterCard Discover AMEX	

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