

Analysis Request Form

Antimicrobial Effectiveness Test



Ship samples and completed form to:
 Sample Receiving
 1417 Helmo Ave North
 Oakdale, MN 55128

Customer Information	Contact Person:	Phone / Email:
	Company:	Project Manager:
	Street Address:	Email Report To:
	City, State ZIP:	

Invoicing Information	PO # (Required):	Invoice Contact:
	Quote #:	Company:
	<input type="checkbox"/> Accounts Payable	Street Address:
	Send Invoice to email:	City, State Zip:

Product Information	Project Title (As to appear on final report): <i>Ex. Sodium Chloride Comparison</i>	
	Controlled Substance <input type="checkbox"/> N/A DEA Schedule: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V *DEA Form 222 must be completed prior to sample submission	
	Number of Containers Submitted:	Quantity per Container:

Store at: <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C <input type="checkbox"/> Protect from Light	Sample Disposition <input type="checkbox"/> Discard <input type="checkbox"/> Return – Account #:
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Testing Information	Method Suitability Reference (Routine Submission Only): <input type="checkbox"/> N/A		
	#	Sample ID	Lot
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		

	USP <51> Product Category
	<input type="checkbox"/> 1
	<input type="checkbox"/> 2
	<input type="checkbox"/> 3
	<input type="checkbox"/> 4
	Method
	Method Suitability
	<input type="checkbox"/> LM 120
	Routine
	<input type="checkbox"/> LM 171

Special Instruction	
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Client Approval	Submitter _____ Date (DD MMM YYYY) _____
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PLS ONLY	Date/Time Received by: _____ Delivered by: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other _____				
	<table style="width: 100%;"> <tr> <td style="width: 50%;">Received Condition:</td> <td style="width: 50%;">Placed in Quarantine:</td> </tr> <tr> <td><input type="checkbox"/> Ambient <input type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Credo Cube _____ °C</td> <td><input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C</td> </tr> </table>	Received Condition:	Placed in Quarantine:	<input type="checkbox"/> Ambient <input type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Credo Cube _____ °C	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C
	Received Condition:	Placed in Quarantine:			
	<input type="checkbox"/> Ambient <input type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Credo Cube _____ °C	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C			
WO#: _____ CS# (If Applicable): _____ Login Initial/Date: _____					
Comments:					