

Analysis Request Form Endotoxin



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:	Sample Disposition
<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C <input type="checkbox"/> Protect from Light	<input type="checkbox"/> Discard <input type="checkbox"/> Return – Account #:

Testing Information	Method Suitability Reference (Routine Submission Only): <input type="checkbox"/> N/A				
	<i>If pooling or rehydration is required, provide additional instruction below in Special Instructions.</i>				
	#	Sample ID	Lot	Method	Specification
	1			<input type="checkbox"/> Feasibility <input type="checkbox"/> Method Suitability <input type="checkbox"/> LM 132 <input type="checkbox"/> Client Method (CLM / PR)	(Select One) <input type="checkbox"/> Report Results <input type="checkbox"/> Attached Specification Document <input type="checkbox"/> Other
	2		<input type="checkbox"/> Individual <input type="checkbox"/> Pooled		
	3		<input type="checkbox"/> Individual <input type="checkbox"/> Pooled		
	4		<input type="checkbox"/> Individual <input type="checkbox"/> Pooled		
	5		<input type="checkbox"/> Individual <input type="checkbox"/> Pooled		
	6		<input type="checkbox"/> Individual <input type="checkbox"/> Pooled		
	7		<input type="checkbox"/> Individual <input type="checkbox"/> Pooled	Device Extraction Procedure (if applicable)	Alert Level Action Level
8		<input type="checkbox"/> Individual <input type="checkbox"/> Pooled	Extraction Volume		
9		<input type="checkbox"/> Individual <input type="checkbox"/> Pooled	<input type="checkbox"/> Submersion <input type="checkbox"/> Fluid Pathway <input type="checkbox"/> Other		
10		<input type="checkbox"/> Individual <input type="checkbox"/> Pooled			

Special Instructions	Client Approval	_____ Submitter
		_____ Date (DD MMM YYYY)

PLS ONLY	Date/Time Received by: _____ Delivered by: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other _____
	Received Condition: <input type="checkbox"/> Ambient <input type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Credo Cube _____ °C Placed in Quarantine: <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: