

Analysis Request Form

Multiple Lot General Submission



Ship samples and completed form to:
 Sample Receiving
 1281 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 <i>*DEA Form 222 must be completed prior to sample submission</i> Number of Containers Submitted: _____ Quantity per Container: _____ <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Store at:</td> <td style="width:50%; border:none;">Sample Disposition</td> </tr> <tr> <td style="border:none;"> <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C <input type="checkbox"/> Protect from Light </td> <td style="border:none;"> <input type="checkbox"/> Discard <input type="checkbox"/> Return – Account #: _____ </td> </tr> </table>		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 #: _____																	
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Special Instruction																							
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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%; border:none;"> <tr> <td style="width:50%; border:none;">Received Condition:</td> <td style="width:50%; border:none;">Placed in Quarantine:</td> </tr> <tr> <td style="border:none;"> <input type="checkbox"/> Ambient <input type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Credo Cube _____ °C </td> <td style="border:none;"> <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C </td> </tr> </table> WO#: _____ CS# (If Applicable): _____ Login Initial/Date: _____ Comments: _____		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																	
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