Analysis Request Form Single Lot General Submission



0		Casilleen		I LIFE S	UIENCES			
Customer Information	Contact Person:				Phon	e / Email:		
	Company:				Proje	Project Manager:		
	Street Address:							
	City, State ZIP: Email Report To:							
Invoicing Information	PO # (Required): Invoice Contact:							
	Quote #:			Company:				
	□ Accounts Payable			Street Address:				
	Send Invoice to email:			City, State Zip:				
Product Information	Project Title (As to appear on final report):							
	Ex. Sodium Chloride Comparison							
	Sample Identification (As appears on sample label): Ex. Sodium Chloride, Lot# XXXX, Batch YYYY							
	Controlled Substance 🗌 N/A DEA Schedule: 🗌 I 🔤 II 🔤 III 🔤 IV 🔤 V *DEA Form 222 must be completed prior to sample submission							
	Number of Containers Submitted: Quantity per Container:							
				Sample Disposition				
	🗆 Ambient 🗆 Re	efrigerate 🗆 -20	0°C □ -80°C	Protect f	rom Light	Discard	□ Return – Account #:	
Testing Information	Requested Turn /	Around Time	🗆 10 Busin	ess Days 🗆	Rush:	Days (<mark>Requi</mark>	res Prior Approval with PLS / PM confirmation)	
		Share containe	. ,	containers		h individual	🗆 Other	
		for all tests		r to testing	contain			
	-] USP 🗆 EP 🗆 J] Other	IP	🗆 Report t	o the comp	-	ation (Select One) od specification	
		Requested Tes	st(s))ther (<mark>write be</mark>		
		•	()	•		,	,	
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Client Special Approval Instruction								
	Submitter						Date (DD MMM YYYY)	
PLS ONLY	Date/Time Received by: Delivered by: UPS FedEx Other							
	Received Condition: Placed in Quarantine:							
	□ Ambient □ Ice Pack □ Dry Ice □ Credo Cube°C □ Ambient □ Refrigerator □ -20°C □ -80°C							
	WO#: CS# (If Applicable): Login Initial/Date:							
	Comments:							