

# Analysis Request Form

## MLT



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

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

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

Product Information	<b>Project Title</b> (As to appear on final report): <i>Ex. Sodium Chloride Comparison</i>	
	<b>Controlled Substance</b> <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	
	<b>Number of Containers Submitted:</b>	<b>Quantity per Container:</b>

<b>Store at:</b>	<b>Sample Disposition</b>
<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	<b>Method Suitability Reference (Routine Submission Only):</b> <span style="float: right;"><input type="checkbox"/> N/A</span>			
	#	Sample ID	Lot	<input type="checkbox"/> Method Suitability <span style="float: right;"><input type="checkbox"/> Routine</span>
	1			USP <60/61/62> Pharmaceuticals
	2			<input type="checkbox"/> LM 153 <span style="float: right;"><input type="checkbox"/> LM 154</span>
	3			<input type="checkbox"/> LM 257 (Quantitative BTGN Only) <span style="float: right;"><input type="checkbox"/> CLM</span>
	4			<input type="checkbox"/> Project Requirement
	5			<input type="checkbox"/> Other <span style="float: right;"><input type="checkbox"/> Other</span>
	6			
	7			
	8			USP <2021/2022> Dietary Supplements
9			<input type="checkbox"/> LM 223 <span style="float: right;"><input type="checkbox"/> LM 224</span>	
10			<input type="checkbox"/> LM 257 (Quantitative BTGN Only)	

<input type="checkbox"/> Total Aerobic Microbial Count	<input type="checkbox"/> <i>Pseudomonas aeruginosa</i>	<input type="checkbox"/> Bile-tolerant Gram-negative bacteria
<input type="checkbox"/> Total Yeast and Mold Count	<input type="checkbox"/> <i>Staphylococcus aureus</i>	<input type="checkbox"/> <i>Clostridia</i> species
<input type="checkbox"/> <i>Escherichia coli</i>	<input type="checkbox"/> <i>Candida albicans</i>	<input type="checkbox"/> <i>Burkholderia cepacia</i> complex
<input type="checkbox"/> <i>Salmonella</i> species		

<b>Specification</b>
<input type="checkbox"/> Attached Document

Special Instruction	
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Client Approval	Submitter _____ Date (DD MMM YYYY) _____
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PLS ONLY	<b>Date/Time Received by:</b> _____ <b>Delivered by:</b> <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other _____
	<b>Received Condition:</b>
	<input type="checkbox"/> Ambient <input type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Credo Cube _____ °C <span style="margin-left: 100px;"><input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C</span>
	<b>WO#:</b> _____ <b>CS# (If Applicable):</b> _____ <b>Login Initial/Date:</b> _____
<b>Comments:</b>	