


Customer & Invoice Information			<input type="checkbox"/> Use Accounts Payable	Send Invoice to Email:	
Contact Person:		Email Report To:		Invoice Contact:	
Company:				Company:	
Street Address:		PLS Project Manager:		Street Address:	
City, State ZIP:		PO # (Required):		City, State ZIP:	
Phone / Email:		Quote #		Send Invoice to	

Product & Testing Information

Project Title: (As to appear on final report) (Ex. Water Analysis) 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 #: Requested Turn <input type="checkbox"/> 10 Business Days <input type="checkbox"/> Rush: Days Around Time: (Rush Requires Prior Approval with PLS / PM confirmation)		Analysis Request Form Particulates Submission Ship samples and completed form to: Sample Receiving 1417 Helmo Ave North Oakdale, MN 55128
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Client Comments		Client Approval	
			Date (DD MMM YYYY)

#	Sample Identification	Lot	Additional Information	Requested Tests(s)	Specification (Select One)
1			Volume per container:	<input type="checkbox"/> Pace® CLM/PR (write below)	<input type="checkbox"/> Report Results
2			If small volume (< 25 mL), number of containers to be pooled: <input type="checkbox"/> 10 <input type="checkbox"/> Other (write below)	<input type="checkbox"/> USP <787>	<input type="checkbox"/> Attached Specification Document
3				<input type="checkbox"/> USP <788> Method 1	<input type="checkbox"/> USP <787>
4			If pooled volume is < 25 mL, please specify appropriate diluent: <input type="checkbox"/> Particle-free water <input type="checkbox"/> Other (write below)	<input type="checkbox"/> USP <788> Method 2	<input type="checkbox"/> USP <788> Method 1: SVI
5				<input type="checkbox"/> USP <789>	<input type="checkbox"/> USP <788> Method 1: LVI
6			If lyophilized, please indicate re-constitution instructions: - Volume to be added per container: - Re-constitution solution: <input type="checkbox"/> Particle-free water <input type="checkbox"/> Other: - Re-constituted volume per container:	<input type="checkbox"/> Other (write below)	<input type="checkbox"/> USP <788> Method 2: SVI
7					<input type="checkbox"/> USP <788> Method 2: LVI
8					<input type="checkbox"/> USP <789>
9					<input type="checkbox"/> Other (write below)
10					
11					
12					
13					
14					
15					

PLS Only	Date/Time Received by:	Delivered by: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other (write below)	Comments:
	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:	Login Initial/Date	
	CS# (If Applicable)		