

Analysis Request Form

General Submission

WO# (PLS Only):

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Ship samples and completed form to:
Sample Receiving
El Retiro Industrial Zone
Street B&C
San German PR, 00683

Customer Information	Contact Person:		Phone / Email:	
	Company:		PLS 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:	
	<input type="checkbox"/> Email:		City, State Zip:	
<input type="checkbox"/> Website:				
Product Information	Project Title (As to appear on final report): <i>Ex. Sodium Chloride</i>			
	Number of Containers Submitted	Holding Time	<input type="checkbox"/> N/A <input type="checkbox"/> 24 HRS <input type="checkbox"/> 48 HRS <input type="checkbox"/> Other	Sample Handling <input type="checkbox"/> Non-Hazardous <input type="checkbox"/> Hazardous <input type="checkbox"/> Bio-Hazardous <input type="checkbox"/> SDS Enclosed
	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		Store at: <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate <input type="checkbox"/> Freeze at _____ °C <input type="checkbox"/> Discard	
	<input type="checkbox"/> Protect from Light <input type="checkbox"/> N/A Field Sample		Sample Disposition <input type="checkbox"/> Return – Account #:	
Testing Information	Requested Turn Around Time		<input type="checkbox"/> Standard Quoted <input type="checkbox"/> Expedited (Date Needed) (Requires Prior Approval with PLS / PM confirmation)	
	Container Allocation	<input type="checkbox"/> Share container(s) for all tests	<input type="checkbox"/> Pool containers prior to testing	<input type="checkbox"/> Test each individual container <input type="checkbox"/> Other
	(As appears on sample label)		Compendia <input type="checkbox"/> N/A <input type="checkbox"/> USP <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> Other	
	Sample ID	Lot	Quantity	Method / Requested Test(s)
				Specification (Select one) <input type="checkbox"/> Report per Compendia <input type="checkbox"/> Report per Method <input type="checkbox"/> Report Results <input type="checkbox"/> See Attached
				<input type="checkbox"/> Report per Compendia <input type="checkbox"/> Report per Method <input type="checkbox"/> Report Results <input type="checkbox"/> See Attached
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				<input type="checkbox"/> Report per Compendia <input type="checkbox"/> Report per Method <input type="checkbox"/> Report Results <input type="checkbox"/> See Attached
Special Instructions				
Client Approval				
	Submitter Name		Signature	
			Date (DD MMM YYYY)	

Analysis Request Form

General Submission

WO# (PLS Only):

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Ship samples and completed form to:
Sample Receiving
Industrial Zone
El Retiro Street B&C, P.O. Box 325
San German PR,
00683-0325

PLS ONLY	Sample Picked Up: <input type="checkbox"/> N/A Initial/Date: _____ Time: _____	
	Sample Delivered by: <input type="checkbox"/> N/A Pace® Initial/Date _____ Time: _____	
	Delivered by: <input type="checkbox"/> N/A Other (select one) <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Courier <input type="checkbox"/> Client _____ <div style="text-align: right; font-size: small;">Initials Date Time</div>	
	Received Condition <input type="checkbox"/> Ambient <input type="checkbox"/> Ice Pack <input type="checkbox"/> Ice Cubes <input type="checkbox"/> Dry Ice <input type="checkbox"/> Credo Cube <input type="checkbox"/> N/A Field Samples	Placed in Quarantine <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigeration 2°-8°C <input type="checkbox"/> Freeze at _____ °C <input type="checkbox"/> N/A Field Samples <input type="checkbox"/> Other _____
Temperature Monitoring Device Included: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Temperature Excursion: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Temperature Excursion Notification Date: _____		
Temperature Excursion Client Response Date: _____		
Client Response Attached to ARF: <input type="checkbox"/> Yes <input type="checkbox"/> NA		
WO#: _____ CS# (If Applicable): _____		
Login Initial / Date: _____		
Comments: _____		