Analysis Request Form
General Submission

WO# (PLS Only):

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Pace LIFE SCIENCES

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

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:**

☐ **Accounts Payable** **Street Address:**

☐ **Email:**

☐ **Website:** **City, State Zip:**

Product Information

Project Title (As to appear on final report):
Ex. Sodium Chloride

Number of Containers Submitted

Holding Time ☐ N/A ☐ 24 HRS ☐ 48 HRS ☐Other
Collected Date/Time:

Sample Handling ☐ Non-Hazardous ☐ Hazardous ☐ Bio-Hazardous ☐ SDS Enclosed

Controlled Substance ☐ N/A DEA Schedule: ☐ I ☐ II ☐ III ☐ IV ☐ V *DEA Form 222 must be completed prior to sample submission

Store at:
☐ Ambient ☐ Refrigerate ☐ Freeze at °C
☐ Protect from Light ☐ N/A Field Sample

Sample Disposition
☐ Discard
☐ Return – Account #:

Testing Information

Requested Turn Around Time ☐ 10 Business Days ☐ Rush: Days (Requires Prior Approval with PLS / PM confirmation)

Container Allocation ☐ Share container(s) for all tests ☐ Pool containers prior to testing ☐ Test each individual container ☐Other

(As appears on sample label) **Compendia** ☐ N/A ☐ USP ☐ EP ☐ JP ☐ Other

Sample ID	Lot	Quantity	Method / Requested Test(s)	Specification (Select one)
				☐ Report per Compendia ☐ Report per Method ☐ Report Results ☐ See Attached
				☐ Report per Compendia ☐ Report per Method ☐ Report Results ☐ See Attached
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Special Instructions

Client Approval

Submitter Name Signature Date (DD MMM YYYY)