

# Analysis Request Form

## Microbial Limit Test

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,  
00683-0325

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:	
	<input type="checkbox"/> Email: <input type="checkbox"/> Website:		City, State Zip:	
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 Collected Date/Time:	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			Sample Disposition
	Store at: <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate <input type="checkbox"/> Freeze at _____ °C <input type="checkbox"/> Protect from Light			<input type="checkbox"/> Discard <input type="checkbox"/> Return – Account #:
Testing Information	Method Suitability Reference (Routine Submission Only): <input type="checkbox"/> N/A			
	#	Sample ID	Lot	<input type="checkbox"/> Method Suitability <input type="checkbox"/> Routine
	1			USP <60/61/62> Pharmaceuticals
	2			<input type="checkbox"/> LM 153
	3			<input type="checkbox"/> LM 257 (Quantitative BTGN Only)
	4			<input type="checkbox"/> Project Requirement
	5			<input type="checkbox"/> Protocol
	6			<input type="checkbox"/> Other
	7			
	8			USP <2021/2022> Dietary Supplements
	9			<input type="checkbox"/> LM 223 <input type="checkbox"/> LM 224
	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		<input type="checkbox"/> Per Method Suitability Report		
Specification				
<input type="checkbox"/> Attached Document				
<input type="checkbox"/> Report Results				
Special Instructions				
Client Approval				

Submitter Name

Signature

Date (DD MMM YYYY)

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00683-0325

PLS ONLY

Sample Picked Up: ☐ N/A Initial/Date: \_\_\_\_\_ Time: \_\_\_\_\_

Sample ☐ N/A Pace® Initial/Date \_\_\_\_\_ Time: \_\_\_\_\_

Delivered by: ☐ N/A Other (select one) ☐ UPS ☐ FedEx ☐ Courier ☐ Client

Initials Date Time

### Received Condition

### Placed in Quarantine

☐ Ambient ☐ Ice Pack ☐ Ice Cubes ☐ Dry Ice ☐ Ambient ☐ Refrigeration 2°-8°C ☐ Freeze at \_\_\_\_\_ °C

☐ Credo Cube

☐ N/A PAD# \_\_\_\_\_ Cal due: \_\_\_\_\_ ☐ Other \_\_\_\_\_

Temperature Monitoring Device Included: ☐ Yes ☐ No

Temperature Excursion: ☐ Yes ☐ No ☐ NA

Temperature Excursion Notification Date: \_\_\_\_\_

Temperature Excursion Client Response Date: \_\_\_\_\_

Client Response Attached to ARF: ☐ Yes ☐ NA

WO#: \_\_\_\_\_

Controlled Substance (CS) # (If Applicable): \_\_\_\_\_

Login Initial / Date: \_\_\_\_\_

Comments: