SUBMIT SAMPLES TO:	PO#/PAYMENT METHOD (REQUIRED):	FOR PLS USE ONLY
Pace Analytical, Inc. El Retiro Industrial Zone Streets B & C San German, PR 00683	PLS QUOTE #	WO#: SIGN/DATE:

SEND REPORT TO:

COMPANY _____ NAME _____
DIVISION/DEPT _____ PHONE _____
ADDRESS _____ E-MAIL _____
CITY, STATE, ZIP _____ CC _____

SEND INVOICE TO: ☐ ACCOUNTS PAYABLE

COMPANY _____
ATTENTION _____
ADDRESS _____
CITY, STATE, ZIP _____

REPORT NOTIFICATION SENT VIA EMAIL

REPORT/RAW DATA AVAILABLE ON PACEPORT:
https://paceport.pacelabs.com/ClientPortal/

SAMPLE INFORMATION: (MUST BE PROVIDED)

SAMPLE DESCRIPTION (AS TO APPEAR ON REPORT): _____

LOT # ☐ N/A	QTY SAMPLE AMOUNT	TESTING REQUESTED (MUST BE PROVIDED)	METHOD / COMPENDIA	SPECIFICATIONS ☐ N/A – REPORT RESULTS

TURN AROUND TIME: ☐ **STANDARD (10 BUSINESS DAYS)**

☐ **OTHER*, SPECIFY** _____ **DAY(S) OR DATE (ADVANCED NOTIFICATION REQUIRED)**

******ADDITIONAL SURCHARGES MAY APPLY FOR EXPEDITED TURNAROUND.*

SAMPLE HANDLING: ☐ NON-HAZARDOUS ☐ HAZARDOUS ☐ BIO-HAZARDOUS ☐ MSDS ENCLOSED

STORE AT: ☐ AMBIENT ☐ REFRIGERATE ☐ FREEZE ☐ -80°C

SAMPLE DISPOSITION: ☐ DISCARD ☐ RETURN - SHIPPING ACCOUNT #:_____

CONTROLLED SUBSTANCE: ☐ YES ☐ NO DEA SCHEDULE: ☐ **I*** ☐ **II*** ☐ III ☐ IV ☐ V

FORM: ☐ POWDER ☐ LIQUID ☐ TABLET ☐ OTHER: _____

CONCENTRATION (e.g. 100%, 5mg/mL, 10mg tablets): _____

DEA REGISTRATION #:_____ NDC NUMBER: _____

***A DEA 222 FORM MUST BE COMPLETED PRIOR TO SAMPLE SUBMISSION**

GROSS WT: _____

NET WT: _____

TARE WT: _____

COMMENTS/SPECIAL INSTRUCTIONS:

REQUESTOR (PRINT):	REQUESTOR SIGNATURE/DATE:

FOR PLS USE ONLY:

DELIVERED BY: ☐ UPS ☐ FEDEX ☐ COURIER ☐ CLIENT ☐ OTHER: _____

TEMP ON RECEIPT: _____°C ☐ ICE PACK PRESENT ☐ N/A – RECEIVED AMBIENT

SAMPLES PLACED IN QUARANTINE: ☐ AMBIENT ☐ REFRIGERATION ☐ FREEZER ☐ -80°C FREEZER

SAMPLES RECEIVED BY/DATE/TIME:_____