

Analysis Request Form

Lebanon, NJ

WO# (PLS Only):

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Ship samples and completed form to:

Sample Receiving

291 US 22

Salem Industrial Park Building #3

Lebanon, NJ 08833

Customer Information	Contact Person:	Phone / Email:
	Company:	PLS Contact:
	Street Address:	Email Report To:
	City, State ZIP:	

Invoicing Information	PO # (Required):	Invoice Contact:
	Quote # (Required):	Company:
	<input type="checkbox"/> Accounts Payable	Street Address:
	Send Invoice to email:	City, State Zip:

Product Information	Project Title (As to appear on final report): <i>Ex. Sodium Chloride Comparison</i>	
	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 <input type="checkbox"/> List I <input type="checkbox"/> List II *DEA Form 222 required NDC#	
	Sample Handling: <input type="checkbox"/> Non-Hazardous <input type="checkbox"/> Hazardous <input type="checkbox"/> Bio-Hazardous <input type="checkbox"/> SDS Enclosed	
	Potent Compound: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, include SDS and specify:	
	Number of Containers Submitted:	Quantity per Container:

Store at:	Sample Disposition
<input type="checkbox"/> Ambient <input type="checkbox"/> 2 – 8°C <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C <input type="checkbox"/> Protect from Light	<input type="checkbox"/> Discard <input type="checkbox"/> Return – Account #:

Testing Information	Requested Turn Around Time		<input type="checkbox"/> Standard <input type="checkbox"/> Expedited <input type="checkbox"/> Rush: Days (Requires Prior Approval)		
	Sample ID	Lot	Quantity	Method / Requested Test	Specification (select one)
					<input type="checkbox"/> Report Results (FIO) <input type="checkbox"/> See Attached <input type="checkbox"/> Per Method <input type="checkbox"/> Other
					<input type="checkbox"/> Report Results (FIO) <input type="checkbox"/> See Attached <input type="checkbox"/> Per Method <input type="checkbox"/> Other
					<input type="checkbox"/> Report Results (FIO) <input type="checkbox"/> See Attached <input type="checkbox"/> Per Method <input type="checkbox"/> Other
					<input type="checkbox"/> Report Results (FIO) <input type="checkbox"/> See Attached <input type="checkbox"/> Per Method <input type="checkbox"/> Other

Special Instructions	Client Approval	Submitter Name (Print)	Signature
		Date (DD MMM YYYY)	

**Analysis Request Form
General Submission**



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Sample Receiving
291 US 22
Salem Industrial Park Building #3
Lebanon, NJ 08833

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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	
	Initials	Date
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		WO#: _____ CS# (If Applicable): _____
Temperature Excursion Notification Date: _____ Temperature Excursion Client Response Date: _____		Login Initial / Date: _____ Comments: _____
Client Response Attached to ARF: <input type="checkbox"/> Yes <input type="checkbox"/> NA		