Guidance For Filling Out The Pace-RTP Analysis Request Form (ARF)

- Be sure to add information to all fields in the Customer Information, Invoicing Information, Product Information, and Testing Information fields, as well as to sign and date the form at the bottom, prior to printing page 2 of this PDF and placing a copy in the shipping box.

- The "contact person" and "Phone / Email" fields should contain information pertaining to the party putting together and sending the shipment.

- The "Company," "Street Address," "City, State ZIP," and "Email Report To" fields should all contain information pertaining to the party Pace is performing the testing for.

- The "PLS Contact" field should contain the names of the Pace Life Sciences contacts that are associated with the project.

- All ARFs should list the active quote number, and the number of the PO being used to pay for the work (or "no PO required," if the party paying for the work does not issue POs).

- If the ARF received with the sample shipment is insufficient, it may delay the scheduling and/or execution of the analyses being requested.

- Please reach out to your Pace Project Manager with any additional questions you may have about filling out the form.

Analysis Request Form

Pace®
LIFE SCIENCES

Ship samples and completed form to:
Sample Receiving
160N Pharma Drive
Morrisville, NC 27560

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:**
☐ **Accounts Payable**	**Street Address:**
Send Invoice to email:	**City, State Zip:**

Product Information

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

Controlled Substance ☐ N/A DEA Schedule: ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ List I ☐ List II *DEA Form 222 required NDC#

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

Potent Compound: ☐ Yes ☐ No If Yes, include SDS and specify:

Number of Containers Submitted: **Quantity per Container:**

Store at:	**Sample Disposition**
☐ Ambient ☐ 2 – 8°C ☐ -20°C ☐ -80°C ☐ Protect from Light	☐ Discard ☐ Return – Account #:

Testing Information

Requested Turn Around Time   ☐ Standard ☐ Expedited ☐ Rush: Days (Requires Prior Approval)

Sample ID	Lot	Quantity	Method / Requested Test	Specification (select one)
				☐ Report Results (FIO) ☐ See Attached ☐ Per Method ☐ Other
				☐ Report Results (FIO) ☐ See Attached ☐ Per Method ☐ Other
				☐ Report Results (FIO) ☐ See Attached ☐ Per Method ☐ Other
				☐ Report Results (FIO) ☐ See Attached ☐ Per Method ☐ Other
				☐ Report Results (FIO) ☐ See Attached ☐ Per Method ☐ Other

Special Instructions

Client Approval

Submitter Name (Print)   Signature

Date (DD MMM YYYY)

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PLS ONLY

Sample Picked Up: ☐ N/A **Initial/Date:**_____ **Time:** _____

Sample Delivered by:
☐ N/A **Pace® Initial/Date** _____ **Time:** _____

☐ 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 Field Samples	☐ N/A Field Samples ☐ Other _____

Temperature Monitoring Device Included: ☐ Yes ☐ No   **WO#:**_____ **CS#** (If Applicable): _____

Temperature Excursion: ☐ Yes ☐ No ☐ NA

Temperature Excursion Notification Date: _____   **Login Initial/Date/Time:** _____

Temperature Excursion Client Response Date: _____   **Comments:**

Client Response Attached to ARF: ☐ Yes ☐ NA