

Customer & Invoice Information			<input type="checkbox"/> Use Accounts Payable	Send Invoice to Email:
Contact Person:		Email Report To:		Invoice Contact:
Company:				Company:
Street Address:		PLS Project Manager:		Street Address:
City, State ZIP:		PO # (Required):		City, State ZIP
Phone / Email:		Quote #		Send Invoice to

Product & Testing Information

Project Title: (As to appear on final report, Ex. Water System Analysis)	 <p align="center">Analysis Request Form Waters Submission</p> <p>Ship samples and completed form to: Sample Receiving 1417 Helmo Ave North Oakdale, MN 55128</p>	LM 4: Aero/Aerobic Count, TSA, 30°-35°, 2-3 days LM 108: PCA, 30°-35°, 48-72 hrs LM 108: Coliform Test LM 234: R2A, 20°-28°, 5-7 days, Filter LM 236: EP, R2A, 30°-35°, ≥5 days, Filter LM 237: USP, PCA, 30°-35°, ≥48-72 hrs, Filter LM 242: EP, TSA, 30°-35°, 3-5 days, Per 2.6.12 LM 264: Pseudomonads Test LM 132: (Endotoxin) LM 146: (Conductivity) LM 286: (Total Organic Carbon EP Nitrates
Store at: <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate		
Sample Disposition: <input type="checkbox"/> Discard <input type="checkbox"/> Return – Account #:		
Requested Turn Around Time: <input type="checkbox"/> 10 Business Days <input type="checkbox"/> Rush: Days (Requires Prior Approval with PLS / PM confirmation)		

Comments	Client Approval	Submitter
		Date (DD MMM YYYY)

#	Sample Identification	# of Containers	Reporting Units	Acceptance Criteria	Sample Date / Time (dd mmm yyyy / HH MM)	Vol. to Test	LM 4: Aero/Aerobic Count, TSA, 30°-35°, 2-3 days	LM 108: PCA, 30°-35°, 48-72 hrs	LM 108: Coliform Test	LM 234: R2A, 20°-28°, 5-7 days, Filter	LM 236: EP, R2A, 30°-35°, ≥5 days, Filter	LM 237: USP, PCA, 30°-35°, ≥48-72 hrs, Filter	LM 242: EP, TSA, 30°-35°, 3-5 days, Per 2.6.12	LM 264: Pseudomonads Test	LM 132: (Endotoxin)	LM 146: (Conductivity)	LM 286: (Total Organic Carbon	EP Nitrates
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14																		
15																		

PLS Only	Date/Time Received by: _____ Delivered by: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other _____	WO#: Login Initial/Date:
	Temperature on Receipt: _____ °C Received Condition: <input type="checkbox"/> Ambient <input type="checkbox"/> Ice Pack Placed in Quarantine: <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator	
	Comments:	