Pace Analytical®
Life Sciences

Please submit sample(s) to:	PO#	For PLS Use Only		
Sample Receiving **1311 Helmo Avenue N** **Oakdale, MN 55128**		Receipt #: Delivered by:	WO#:	
	PLS Quote # (if applicable)	Date/ Time: Sign/Date:	Sign/Date:	

SEND REPORT TO:
Company:_____
Department:_____
Address:_____
City, State Zip:_____
Fax:_____

Name:_____
Title:_____
Phone:_____
E-mail:_____
CC:_____

SEND INVOICE TO: ☐ Same as Report
Address:_____
City, State Zip:_____
Attention:_____

Send Results via:
☐ E-Mail   ☐ Fax   ☐ Mail

☐ Include Raw Data Package
(surcharge applicable)

SAMPLE INFORMATION: (when submitting more than 10 samples, also complete page 2 of 2)

	Sample ID	GROWTH CONDITIONS				Source of Isolate (if known)
		Media	Temp (°C)	Gram Reaction (if known)	Date Inoculated	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

☐ Return samples to requestor if checked, please provide shipping account #:_____

TURNAROUND TIME: ☐ Standard (10 business days)
☐ Other, please specify _____day(s) (**advance notice required**)
REPORTING OF RESULTS: ☐ QA Review of data (additional charges apply)

COMMENTS/SPECIAL INSTRUCTIONS:

Requestor (Print):	Sample analysis CANNOT begin without a complete and signed Microbial Identification Request Form. (Includes signature or signature on file)
Requestor Signature/Date:	Signature confirms understanding and acceptance of PLS Terms and Conditions.

Pace Analytical ®
Life Sciences

Microbiology   Chemistry   Physical Testing
FDA Registered, cGMP Compliant, DEA Registered, ISO/IEC 17025

SAMPLE INFORMATION:

	Sample ID	Media	Temp (°C)	Gram Reaction (if known)	Date Inoculated	Source of Isolate (if known)
		GROWTH CONDITIONS				
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12						
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