



**Analysis Request Form
And Collection Log for Water Samples
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Please submit sample(s) to: Sample Receiving 1281 Helmo Avenue N Oakdale, MN 55128	PO# _____ PLS Quote # (if applicable)	For PLS Use Only			
		Receipt #:	Delivered by:	WO#:	
		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: <input type="checkbox"/> Same as Report Address: _____ City, State Zip: _____ Attention: _____			Send Results via: <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Include Raw Data Package (surcharge applicable)		
SAMPLE INFORMATION: (complete page 2 of 2 if additional space is required)					
Water Samples Collected by: Company: _____ Name: _____ Title: _____ Phone: _____ E-mail: _____ Sample Description: _____					
Method(s): _____			Specification(s): _____		
Sampling Date: _____					
Sample Site	Volume (mL)	Time Sampled	Sample Site	Volume (mL)	Time Sampled
SAMPLE HANDLING INSTRUCTIONS: Notify Micro Personnel upon receipt <input type="checkbox"/> Non-Hazardous <input type="checkbox"/> Hazardous <input type="checkbox"/> Bio-hazardous <input type="checkbox"/> MSDS Enclosed Store at (select one): <input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerate <input type="checkbox"/> Freeze					
TURNAROUND TIME: <input type="checkbox"/> Standard (14 calendar days) <input type="checkbox"/> Other, please specify _____ day(s) (advance notice required)					
REPORTING OF RESULTS: <input type="checkbox"/> 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) Signature confirms understanding and acceptance of PLS Terms and Conditions.		
Requestor Signature/Date:					

