



Analysis Request Form

Please submit sample(s) to: Sample Receiving 1311 Helmo Avenue N Oakdale, MN 55128	PO# _____	For PLS Use Only	
	PLS Quote # (if applicable) _____	WO#: _____ 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: Sample Description: _____ _____			
Lot #	Qty	Method(s)	Specifications (if applicable)
SAMPLE HANDLING INSTRUCTIONS: <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 If Controlled Substance, DEA Registration #: _____ <input type="checkbox"/> Return samples to requestor if checked, please provide shipping account #: _____			
REPORTING OF RESULTS: <input type="checkbox"/> QA Review of data (additional charges apply)			
TURNAROUND TIME: <input type="checkbox"/> Standard (10 business days) <input type="checkbox"/> Other, please specify _____ day(s) (advance notice required)			
COMMENTS/SPECIAL INSTRUCTIONS: _____			
Requestor (Print):		Sample analysis CANNOT begin without a complete and signed Analysis Request Form. (Includes signature or signature on file).	
Requestor Signature/Date:		Signature confirms understanding and acceptance of PLS Terms and Conditions.	