



**Analysis Request Form  
And Collection Log for Water Samples  
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<b>Please submit sample(s) to:</b>  <b>Sample Receiving</b> <b>1311 Helmo Avenue N</b> <b>Oakdale, MN 55128</b>	PO# _____  PLS Quote # (if applicable)	For PLS Use Only			
		Receipt #: _____ Delivered by: _____ Date/ Time: _____ Sign/Date: _____	WO#: _____  Sign/Date: _____		
<b>SEND REPORT TO:</b> Company: _____ Department: _____ Address: _____ City, State Zip: _____ Fax: _____			Name: _____ Title: _____ Phone: _____ E-mail: _____ CC: _____		
<b>SEND INVOICE TO:</b> <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)		
<b>SAMPLE INFORMATION:</b> (complete page 2 of 2 if additional space is required)					
<b>Water Samples Collected by:</b> Company: _____ Name: _____ Title: _____ Phone: _____ E-mail: _____ Sample Description: _____					
Method(s): _____ Sampling Date: _____			Specification(s): _____		
<b>Sample Site</b>	<b>Volume (mL)</b>	<b>Time Sampled</b>	<b>Sample Site</b>	<b>Volume (mL)</b>	<b>Time Sampled</b>
<b>SAMPLE HANDLING INSTRUCTIONS:</b> 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					
<b>TURNAROUND TIME:</b> <input type="checkbox"/> Standard (14 calendar days) <input type="checkbox"/> Other, please specify _____ day(s) ( <b>advance notice required</b> )					
<b>REPORTING OF RESULTS:</b> <input type="checkbox"/> QA Review of data (additional charges apply)					
<b>COMMENTS/SPECIAL INSTRUCTIONS:</b>  _____					
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.		

