



Analysis Request Form - SOP 21 A3

A

SUBMIT SAMPLES TO: SAMPLE RECEIVING 1281 HELMO AVE N OAKDALE, MN 55128	PO#/PAYMENT METHOD (REQUIRED): _____	FOR PLS USE ONLY WO#: _____ SIGN/DATE: _____
	PLS QUOTE # _____	

B

SEND REPORT TO: COMPANY _____ DIVISION/DEPT _____ ADDRESS _____ CITY, STATE, ZIP _____		NAME _____ PHONE _____ E-MAIL _____ CC _____
SEND INVOICE TO: <input type="checkbox"/> ACCOUNTS PAYABLE COMPANY _____ ATTENTION _____ ADDRESS _____ CITY, STATE, ZIP _____		REPORT/RAW DATA AVAILABLE ON PACEPORT: https://paceport.pacelabs.com/ClientPortal/

C

SAMPLE INFORMATION: (MUST BE PROVIDED)
 SAMPLE DESCRIPTION (AS TO APPEAR ON REPORT): _____

LOT # <input type="checkbox"/> N/A	QTY SAMPLE AMOUNT	TESTING REQUESTED (MUST BE PROVIDED)	METHOD / COMPENDIA	SPECIFICATIONS <input type="checkbox"/> PER COMPENDIA <input type="checkbox"/> N/A – REPORT RESULTS

D

TURN AROUND TIME: STANDARD (10 BUSINESS DAYS)
 OTHER*, SPECIFY _____ DAY(S) OR DATE (ADVANCED NOTIFICATION REQUIRED)

**ADDITIONAL SURCHARGES MAY APPLY FOR EXPEDITED TURNAROUND.*

E

SAMPLE HANDLING: NON-HAZARDOUS HAZARDOUS BIO-HAZARDOUS MSDS ENCLOSED
STORE AT: AMBIENT REFRIGERATE FREEZE -80°C
SAMPLE DISPOSITION: DISCARD RETURN - SHIPPING ACCOUNT #: _____

CONTROLLED SUBSTANCE: Yes No DEA SCHEDULE: I* II* III IV V
FORM: POWDER LIQUID TABLET OTHER: _____ GROSS WT: _____
CONCENTRATION (e.g. 100%, 5mg/mL, 10mg tablets): _____ NET WT: _____
DEA REGISTRATION #: _____ NDC NUMBER: _____ TARE WT: _____

***A DEA 222 FORM MUST BE COMPLETED PRIOR TO SAMPLE SUBMISSION**

F

COMMENTS/SPECIAL INSTRUCTIONS:

REQUESTOR (PRINT): _____	REQUESTOR SIGNATURE/DATE: _____
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FOR PLS USE ONLY:

DELIVERED BY: UPS FedEx COURIER CLIENT OTHER: _____
 TEMP ON RECEIPT: _____ °C ICE PACK PRESENT N/A – RECEIVED AMBIENT
 SAMPLES PLACED IN QUARANTINE: AMBIENT REFRIGERATION FREEZER -80°C FREEZER
 SAMPLES RECEIVED BY/DATE/TIME: _____

ARF instructions

A

SUBMIT SAMPLES TO: SAMPLE RECEIVING 1281 HELMO AVE N OAKDALE, MN 55128	PO#/PAYMENT METHOD (REQUIRED):	FOR PLS USE ONLY
	PLS QUOTE #	WO#: SIGN/DATE:

PO#/Payment Method: Enter applicable/current PO number for the requested testing.

PLS Quote #: Enter the quote number provided by Pace for the requested testing.

★ Note: failure to include this information may result in testing delays and invoicing delays

For PLS Use Only: When the samples are logged into the Pace LIMS system, a work order number will be assigned and PLS will sign/date. This WO number will appear on the final report, invoice, and in PacePort as the Pace project ID.

B

SEND REPORT TO:		
COMPANY _____		NAME _____
DIVISION/DEPT _____		PHONE _____
ADDRESS _____		E-MAIL _____
CITY, STATE, ZIP _____		CC _____
SEND INVOICE TO: <input type="checkbox"/> ACCOUNTS PAYABLE		REPORT SENT VIA EMAIL
COMPANY _____		REPORT/RAW DATA AVAILABLE ON PACEPORT:
ATTENTION _____		https://paceport.pacelabs.com/ClientPortal/
ADDRESS _____		
CITY, STATE, ZIP _____		

Send Report To: Enter company address. Enter the name, phone number and email of the individual whose name should appear on the final report. This individual will be able to view the report in PacePort. In the **CC** field, enter the email addresses of any additional individuals that will need to access the report on PacePort.

Send Invoice To: Check "Accounts Payable" if applicable. If the invoice should be sent to a different location or individual, enter the address and contact information for that individual.

C

SAMPLE INFORMATION: (MUST BE PROVIDED)				
SAMPLE DESCRIPTION (AS TO APPEAR ON REPORT): _____				
LOT # <input type="checkbox"/> N/A	QTY SAMPLE AMOUNT	TESTING REQUESTED (MUST BE PROVIDED)	METHOD / COMPENDIA	SPECIFICATIONS <input type="checkbox"/> PER COMPENDIA <input type="checkbox"/> N/A – REPORT RESULTS

Sample Information: Enter a description of the sample, ie. sample material name. This will be the project ID, which will show up on the final report, final invoice, and in PacePort.

Lot #: Enter the lot number for the sample. More than one lot number may be entered; limit one lot number per line.

QTY Sample Amount: Enter the amount of sample that is provided in the shipment.

Examples include - 3 bottles, 5g/bottle; 50mg; 6 patches; 2 x 50mL

Testing Requested: Enter a description of the test that is needed, ie. Assay; microbial limits

Method/Compendia: Enter the method number to be used for testing, ie. USP <461>; LM 154

Specifications: Check either box "Per Compendia" or "N/A - Report Results" or enter specifications in box below

If the test is a compendial test and the results need to meet that compendia, check "Per

Compendia" or enter "Current USP/EP/JP" (compendia as applicable) in the box below
 If there are no specifications to follow, check "N/A - Report Results"
 If the client is providing specifications, enter the title of the specification document and effective date. Attach the specification document to the ARF or provide to PLS to upload in our quality document system

★ Any discrepancies with sample description, lot number, or sample quantities between the ARF and the actual samples received will result in delayed testing.

D **TURN AROUND TIME:** STANDARD (10 BUSINESS DAYS)
 OTHER*, SPECIFY _____ DAY(S) OR DATE (ADVANCED NOTIFICATION REQUIRED)
 *ADDITIONAL SURCHARGES MAY APPLY FOR EXPEDITED TURNAROUND.

Turn Around Time: PLS standard turnaround time is 10 business days. This is the turnaround time for the final report to be issued. If the report is needed in less than 10 business days, the request must be discussed with your Pace Project Manager prior to sample receipt to ensure the lab is able to accommodate the request.

E **SAMPLE HANDLING:** NON-HAZARDOUS HAZARDOUS BIO-HAZARDOUS MSDS ENCLOSED
STORE AT: AMBIENT REFRIGERATE FREEZE -80°C
SAMPLE DISPOSITION: DISCARD RETURN - SHIPPING ACCOUNT #: _____
CONTROLLED SUBSTANCE: YES NO DEA SCHEDULE: I* II* III IV V
FORM: POWDER LIQUID TABLET OTHER: _____ GROSS WT: _____
 CONCENTRATION (e.g. 100%, 5mg/mL, 10mg tablets): _____ NET WT: _____
 DEA REGISTRATION #: _____ NDC NUMBER: _____ TARE WT: _____
 *A DEA 222 FORM MUST BE COMPLETED PRIOR TO SAMPLE SUBMISSION

Sample Handling: Check one of the boxes to indicate if the samples are hazardous. This will dictate to PLS personnel if any special handling requirements are needed

Store at: Check one of the boxes to state the temperature at which the samples should be stored.

Sample disposition: Check one of the boxes to specify sample disposal requirements. "Discard" instructs PLS to dispose of the samples per our internal procedures. "Return" instructs PLS to ship the samples to a specified location upon completion of testing.

Controlled substance: Check "No" if the material is not a controlled substance. If the material is controlled, complete this section. This is a required section and helps the client and PLS maintain compliance with the DEA.

★ Any discrepancies on the ARF related to sample handling, storage, disposition, or controlled substance information will result in delayed testing.

F **COMMENTS/SPECIAL INSTRUCTIONS:**
 REQUESTOR (PRINT): _____ REQUESTOR SIGNATURE/DATE: _____

Comments/special instructions: This area is optional and can be used to provide any additional information or requests related to testing, sample ID, report recipients etc.

Requestor: Print the name of the person submitting samples and then sign and date

FOR PLS USE ONLY:
 DELIVERED BY: UPS FedEx COURIER CLIENT OTHER: _____
 TEMP ON RECEIPT: _____ °C ICE PACK PRESENT N/A – RECEIVED AMBIENT
 SAMPLES PLACED IN QUARANTINE: AMBIENT REFRIGERATION FREEZER -80°C FREEZER
 SAMPLES RECEIVED BY/DATE/TIME: _____

This section will be completed by PLS personnel when the samples are received.