



Analysis Request Form

SUBMIT SAMPLES TO: PACE LIFE SCIENCES SAMPLE RECEIVING 1281 HELMO AVE N OAKDALE, MN 55128	PO#/PAYMENT METHOD (REQUIRED): _____ PLS QUOTE # _____	FOR PLS USE ONLY WO#: _____ SIGN/DATE: _____
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SEND REPORT TO: COMPANY _____ NAME _____ DIVISION/DEPT _____ PHONE _____ ADDRESS _____ E-MAIL _____ CITY, STATE, ZIP _____ CC _____	
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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/
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PROJECT TITLE: _____

SAMPLE INFORMATION:
 SAMPLE DESCRIPTION FROM SAMPLE LABEL: _____

LOT # <input type="checkbox"/> N/A	QTY SUBMITTED	TESTING REQUESTED	METHOD / COMPENDIA	SPECIFICATIONS <input type="checkbox"/> N/A – REPORT RESULTS <input type="checkbox"/> PER CURRENT COMPENDIA

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

*ADDITIONAL SURCHARGES MAY APPLY FOR EXPEDITED TURNAROUND.

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: _____

CONCENTRATION (e.g. 100%, 5mg/mL, 10mg tablets): _____ GROSS WT: _____

DEA REGISTRATION #: _____ NDC NUMBER: _____ NET WT: _____

***A DEA 222 FORM MUST BE COMPLETED PRIOR TO SAMPLE SUBMISSION** TARE WT: _____

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: _____