



# Analysis Request Form

## Environmental Monitoring

Page 1 of 3

<b>SUBMIT SAMPLES TO:</b>  SAMPLE RECEIVING 1281 HELMO AVE N OAKDALE, MN 55128	<b>PO#/PAYMENT METHOD (REQUIRED):</b>  _____  <b>PLS QUOTE #</b> _____	<b>FOR PLS USE ONLY</b>  WO#:  SIGN/DATE:								
<b>SEND REPORT TO:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">COMPANY _____</td> <td style="width: 50%;">NAME _____</td> </tr> <tr> <td>DIVISION/DEPT _____</td> <td>PHONE _____</td> </tr> <tr> <td>ADDRESS _____</td> <td>E-MAIL _____</td> </tr> <tr> <td>CITY, STATE, ZIP _____</td> <td>CC _____</td> </tr> </table>			COMPANY _____	NAME _____	DIVISION/DEPT _____	PHONE _____	ADDRESS _____	E-MAIL _____	CITY, STATE, ZIP _____	CC _____
COMPANY _____	NAME _____									
DIVISION/DEPT _____	PHONE _____									
ADDRESS _____	E-MAIL _____									
CITY, STATE, ZIP _____	CC _____									
<b>SEND INVOICE TO:</b> <input type="checkbox"/> ACCOUNTS PAYABLE COMPANY _____ ATTENTION _____ ADDRESS _____ CITY, STATE, ZIP _____										
<b>REPORT/RAW DATA AVAILABLE ON PACEPORT:</b> <a href="https://paceport.pacelabs.com/ClientPortal/">https://paceport.pacelabs.com/ClientPortal/</a>										
<b>PROJECT TITLE:</b> _____ <b>Date Sampled:</b> _____										
<b>Directions:</b> <ul style="list-style-type: none"> <li>- Select appropriate incubation parameters at the top of each sample page.</li> <li>- If alternate/extended incubation times are needed contact your project manager prior to submitting samples.</li> <li>- Please complete a separate sample page for each sample type.</li> <li>- Fill in sample identification, desired lab method and specification or action/alert levels</li> <li>- Write any special instructions in comments section on page 1.</li> </ul>										
<b>TURN AROUND TIME:</b> <input type="checkbox"/> <b>STANDARD (10 BUSINESS DAYS)</b> <input type="checkbox"/> <b>OTHER*, SPECIFY _____ DAY(S) OR DATE (ADVANCED APPROVAL REQUIRED)</b> <i>*ADDITIONAL SURCHARGES MAY APPLY FOR EXPEDITED TURNAROUND.</i>										
<b>SAMPLE HANDLING:</b> <input type="checkbox"/> NON-HAZARDOUS <input type="checkbox"/> HAZARDOUS <input type="checkbox"/> BIO-HAZARDOUS <input type="checkbox"/> MSDS ENCLOSED										
<b>STORE AT:</b> <input type="checkbox"/> AMBIENT <input type="checkbox"/> REFRIGERATE <input type="checkbox"/> FREEZE <input type="checkbox"/> -80°C										
<b>SAMPLE DISPOSITION:</b> <input type="checkbox"/> DISCARD <input type="checkbox"/> RETURN - SHIPPING ACCOUNT #: _____										
<b>COMMENTS/SPECIAL INSTRUCTIONS/RECIPT NOTES:</b>										
<b>REQUESTOR (PRINT):</b>	<b>REQUESTOR SIGNATURE/DATE:</b>									
<b>FOR PLS USE ONLY:</b> DELIVERED BY: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> COURIER <input type="checkbox"/> CLIENT <input type="checkbox"/> OTHER: _____										
TEMP ON RECEIPT: _____°C <input type="checkbox"/> ICE PACK PRESENT <input type="checkbox"/> N/A – RECEIVED AMBIENT SAMPLES PLACED IN QUARANTINE: <input type="checkbox"/> AMBIENT <input type="checkbox"/> REFRIGERATION <input type="checkbox"/> FREEZER <input type="checkbox"/> -80°C FREEZER SAMPLES RECEIVED BY/DATE/TIME: _____										



