



# Analysis Request Form

PO#/Method of Payment (Required)	For PLS Use Only WO# / Initials/Date:
PLS Quote #	

Submit Samples to: Sample Receiving, 1281 Helmo Ave North, Oakdale MN 55128  
 Analysis Report & Raw Data available on PacePort <https://paceport.pacelabs.com/ClientPortal/>

**SEND ANALYSIS REPORT TO:**

Name	
Company	
Division/Dept	
Address	
City, State, Zip	
Phone	
Email	
Additional Recipients:	

**SEND INVOICE TO: (If different than Analysis Report)**

ACCOUNTS PAYABLE

Name	
Company	
Address	
City, State, Zip	
Phone	
Email	

Turn Around Time:	<input type="checkbox"/> Standard (10 business days)
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<input type="checkbox"/> Other*, specify _____ days or date (Needs approval prior to submission) *Additional surcharges may apply for expedited turnaround.
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Expedited Service <input type="checkbox"/> (contact PM for Pre-Approval)	Turnaround Needed:	Approved by PLS:
Sample Handling: <input type="checkbox"/> Non-Hazardous <input type="checkbox"/> Hazardous <input type="checkbox"/> Bio-Hazardous <input type="checkbox"/> MSDS Enclosed		
Store At: <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C		
Sample Disposition: <input type="checkbox"/> Discard <input type="checkbox"/> Return - Shipping Account #		

<b>Controlled Substance:</b>	<input type="checkbox"/> N/A	DEA Schedule: <input type="checkbox"/> I* <input type="checkbox"/> II* <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	*A DEA 222 Form must be completed prior to sample submission	DEA Registration #: NDIC#:
<b>Form:</b>	<input type="checkbox"/> Powder <input type="checkbox"/> Liquid <input type="checkbox"/> Tablet <input type="checkbox"/> Other	Concentration (e.g. 100%, 5mg/mL, 10 mg tablets) : _____		
<b>Volume/Weight:</b>	Gross Wt:	Net Wt:	Tare Wt:	

***This ARF page must be accompanied by testing attachment "A".***

Submitted by:  
(Print Name) \_\_\_\_\_

Signature/Date: \_\_\_\_\_

**For PLS Use Only:**

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
Samples Received By/Date/Time:	Comments:



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**ANALYSIS REQUEST FORM**  
 (Attachment "A")

CLIENT: \_\_\_\_\_

PROJECT INFORMATION / TITLE: (As to appear on the final report) *Required*

SAMPLE DESCRIPTION: (As it appears on the sample label) *Required*

*Client is responsible for deciding the product specific testing needed, and clearly indicating on this Analysis Request Form (ARF)*

Sample ID / Lot # <i>Enter only one Lot# per line.</i>	Qty Sample Amount <i>(Required)</i>	Testing Requested (please specify) <i>(Required)</i>	Method/ Compendia <i>(Required)</i>	Specification <input type="checkbox"/> Per Current Compendia <input type="checkbox"/> N/A - Report Results <input type="checkbox"/> Other - List Below <i>(Required)</i>

Special Instructions:

If more space is needed, please use additional sheet.



# ANALYSIS REQUEST FORM CONTINUED

(Attachment "A" part 2)

**PROJECT INFORMATION / TITLE:** (As to appear on the final report) *Required*

**SAMPLE DESCRIPTION:** (As it appears on the sample label) *Required*

*Client is responsible for deciding the product specific testing needed, and clearly indicating on this Analysis Request Form (ARF)*

<b>Sample ID / Lot #</b> <i>Enter only one Lot# per line.</i>	<b>Qty Sample Amount</b> <i>(Required)</i>	<b>Testing Requested (please specify)</b> <i>(Required)</i>	<b>Method/ Compendia</b> <i>(Required)</i>	<b>Specification</b> <input type="checkbox"/> Per Current Compendia <input type="checkbox"/> N/A - Report Results <input type="checkbox"/> Other - List Below <i>(Required)</i>

**Special Instructions:**