



Analysis Request Form

Water Analysis

SUBMIT SAMPLES TO: SAMPLE RECEIVING 1281 HELMO AVE N OAKDALE, MN 55128	PO#/PAYMENT METHOD (REQUIRED): PLS QUOTE #	FOR PLS USE ONLY WO#: _____ SIGN/DATE: _____		
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/				
PROJECT TITLE: _____				
SAMPLE INFORMATION: Complete one section for each method requested.				
SAMPLE SITE/ID	VOLUME (ML)	COLLECTION DATE AND TIME	ANALYSIS REQUESTED (Refer to PLS water monitoring method guide)	ACTION AND ALERT LEVELS/ SPECIFICATIONS <input type="checkbox"/> N/A – REPORT RESULTS
TURN AROUND TIME: <input type="checkbox"/> STANDARD (10 BUSINESS DAYS) <input type="checkbox"/> OTHER*, SPECIFY _____ DAY(S) OR DATE (ADVANCED APPROVAL REQUIRED)				
<i>*ADDITIONAL SURCHARGES MAY APPLY FOR EXPEDITED TURNAROUND.</i>				
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"/> FREEZE <input type="checkbox"/> -80°C				
SAMPLE DISPOSITION: <input type="checkbox"/> DISCARD <input type="checkbox"/> RETURN - SHIPPING ACCOUNT #: _____				
COMMENTS/SPECIAL INSTRUCTIONS: _____				
REQUESTOR (PRINT): _____			REQUESTOR 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 FREEZER SAMPLES RECEIVED BY/DATE/TIME: _____				

