



ANALYSIS REQUEST FORM INSTRUCTIONS:

The analysis request form is on page 2 of this document.

Please include the following information on the Analysis Request:

- Your name (Submitted by).
- Your company's name.
- Your company's address.
- Billing Address if different from your company address.
- Purchase Order Number to use for this sample.
- Your phone number and fax number so that you may be contacted with questions about the sample, as applicable.
- Your e-mail address.
- Indicate how you want to receive your test results (i.e., E-mail, Fax or US Postal Service delivery).
- Let us know if you would like to receive hard copies of your test results.
- Please list the names of any other employees in your organization who are authorized to receive test results. We will not release any information to any person not listed here.
- Are there any safety precautions needed to handle this sample? If so, please describe.
- Leave the space blank for MPL Lab Number. Our Receiving Department will fill in this information.
- Fill in the volume of the sample you are sending.
- Fill in the sample description (Please check for accuracy. This becomes part of your final report.)\
- Fill in the sample identification. (Please check for accuracy. This becomes part of your final report.)
- Please check the boxes for all the testing that you would like to have performed on the submitted sample.

IF POSSIBLE, PLEASE SEND US AT LEAST 100 GRAMS OF SAMPLE.

INSTRUCTIONS FOR SHIPPING SAMPLES:

1. Seal containers tightly.
2. Package samples in an appropriate shipping container. If the sample is fragile, be sure to use packaging material such as Styrofoam or air cell wrap. If refrigeration is required, include at least three gel ice packs and package in insulating material.
3. Include Material Safety Data Sheets (MSDS's) for any hazardous substances as defined by the Hazard Communication Standard (29 CFR 1910.1200), Appendix A.
4. Send via any dependable overnight carrier.



ANALYSIS REQUEST FORM

Date: ____/____/____

Send Report To: Name: _____ Company: _____

Address: _____

Bill to the address above: Yes No If no, please provide address:

Purchase Order: _____ (If required for payment) Phone: _____ Fax: _____

E-mail: _____

Send results via: E-mail Fax USPS Mail Delivery Is a hard copy necessary? Yes No

Additional Authorized Personnel: _____

Safety Precautions: Yes No Describe: _____

Sample Information	Analysis Requested
MPL Lab Number: (to be filled in by MPL)	<input type="checkbox"/> Expedited Testing <input type="checkbox"/> USP <51> Antimicrobial Effectiveness Testing 5 standard organism: <i>Pseudomonas aeruginosa</i> , <i>E. Coli</i> , <i>Staphylococcus aureus</i> , <i>Candida albicans</i> , <i>Aspergillus brasiliensis</i> At two time points – Day 14, & 28 <input type="checkbox"/> OTHER
Sample Volume:	
Sample Description:	
Sample Identification:	

Does this sample require a **SUITABILITY OF THE TEST METHOD**, a **NEUTRALIZATION VALIDATION** or a **PREPARATORY TEST**?

YES **NO** _____

(Initial & Date) **This must be checked for sample testing to proceed.**