



ENVIRONMENTAL & AGRICULTURAL TESTING SERVICE REQUEST FORM
 North Carolina State University, Department of Crop and Soil Sciences, 3319 Williams Hall
 Phone: 919-513-1297; 919-515-2636 email: eats-laboratory@ncsu.edu
 www.soil.ncsu.edu/services

Project Leader / Client: _____ Date submitted: _____

Company or / NCSU Department: _____

Campus Box or Address: _____

Email: _____ Telephone: _____

Accountant (Name, phone, email): _____

Required Deadlines (date / reason e.g., conference): _____

Description of Sample Material	Identification No.	No. of Samples	Analyses Requested	Comments

Does the sample material contain residual acids or other chemicals? If yes, please list the chemicals _____ Yes _____ No _____ Unknown

Does the sample material contain potentially infectious or toxic organisms? _____ Yes _____ No _____ Unknown

Does the sample material contain known toxic inorganic or organic chemicals? _____ Yes _____ No _____ Unknown

Is the sample from overseas, a quarantine area or known spill or waste dump site? _____ Yes _____ No _____ Unknown

Payment Information:

Approval signatures:

_____ **Account or PA number - if applicable**

_____ **Project Leader** **Date**

Please check below:

Payment from Federal funds: yes no

Payment by Check:

Payment by Credit Card:

(Credit Card fee (3%) will be added to total)

_____ **Approved by (EATS)** **Date**

(For EATS Lab Use Only)

Approval No.: _____ Approval Date: _____ Date Completed: _____

Estimated Cost: _____

Remarks: _____

