ENVIRONMENTAL & AGRICULTURAL TESTING SERVICE REQUEST FORM
Department of Soil Science, North Carolina State University, Phone: 919-515-2636

Project Leader: ___________________________ Date submitted: ______________

Department: ___________________________ Address: ___________________________

Email address: ___________________________ Telephone: ___________________________

NCSU Campus Box: ___________________________ NCSU OUC#: ___________________________

Bookeeper (Name and phone): ___________________________

<table>
<thead>
<tr>
<th>Description of Sample Material</th>
<th>Identification No.</th>
<th>No. of Samples</th>
<th>Testing Required</th>
<th>Comments</th>
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Has the sample been treated to remove contaminants? (e.g., carbonate)? Yes No Unknown

Does the sample material contain residual acids or other chemicals? If yes, please list the chemicals

Does the sample material contain potentially infectious or toxic organisms?

Does the sample material contain known toxic inorganic or organic chemicals?

Is the sample from overseas, a quarantine area or known spill or waste dump site?

Approval signatures:

Budget Code Date Head, Requesting Department Date

Project Leader Date Head, Soil Science Department Date

(For Department of Soil Science Use Only)

Approval No.: ___________________________ Date: __________________ Date Completed: __________________

Estimated Cost: ___________________________

Remarks:

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