ANALYTICAL SERVICE LABORATORY 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#: _____

Departmental Bookeeper (Name and phone): _____

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

Are the samples natural abundance or isotopically labeled? _____

If isotopically labeled, what is the estimated level of enrichment? _____

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 _____ _____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

Approval signatures:

_____ _____

Account/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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