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): ________________________________________

In Analysis Request Box use: PS = Particle Size; WR = Water Retention

<table>
<thead>
<tr>
<th>No. of Samples</th>
<th>Location Samples Came From</th>
<th>No. of samples requiring Organic Matter Removal: Mark OM Samples (e.g., Sample #-OM)</th>
<th>Analysis Requested</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

1. Are samples to be done by the PSL Personnel or other individual (name): __________________________

2. Are there any health hazards (e.g., Animal or Human Waste) associated with the soil sample?  _____Yes  _____No
   If yes, list the type of hazard and precautions and safety measures that you feel may be needed. (Use a separate sheet if necessary):
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

3. If the samples are contaminated, then the project / company requesting the analysis must cover all costs of decontamination of all equipment in the lab and of all PPE (Personal Protective Equipment).

4. The Particle Size Lab, Supervisor and Lab Manager reserve the right to refuse hazardous samples according to Campus Environmental and Health & Public Safety Division’s Regulations.

Payment Information: Approval Signatures:

Account or PA number - if applicable
Payment from Federal funds: yes [ ] no [ ]
Payment by Check: [ ]
Payment by Credit Card: [ ]
(Credit Card fee (3%) will be added to total)

Project Leader __________ Date __________

Approved by (EATS) __________ Date __________

(For EATS Lab Use Only)

Approval No.: __________________________ Approval Date: __________ Date Completed: __________

Estimated Cost: __________________________

Remarks: ______________________________________________________________________________________

______________________________________________________________________________________________

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