

Sample Analysis Request Form
--- CERTIFIED ANALYSES ---
(Solution Only)

IFAS Analytical Services Laboratories
Environmental Water Quality Laboratory
Wallace Building #631 2390 Mowry Road
P.O. Box 110740
Gainesville, FL 32611-0740
352/392-1950 FAX 352/392-1960
WEB: <http://arl.ifas.ufl.edu> Email: arl@ifas.ufl.edu

RESEARCHER'S SAMPLE IDENTIFICATION

Consecutive Number _____ to _____
Total Number of Samples _____
Requested Processing Date _____

RESEARCHER/CLIENT INFORMATION

Department/Center _____
Investigator/Graduate Student _____
Telephone _____
E-Mail(**required**) _____
Mailing Address _____
Dept. ID (**required**) _____ Fund Code _____
Program _____ Source _____
Project Number _____ CRIS _____
Signature(**required**) _____

(Signature required for approval of chartfield charges.)

EWQL USE ONLY

Appointment Date
Set Number _____
Lab Numbers _____ to _____
Date Request Received _____
Sample Receipt Date _____

CHECKLIST- Read carefully before submitting samples to the EWQL.

- ALL SAMPLES SHOULD BE SCHEDULED WITH THE EWQL PRIOR TO DELIVERY.** An email will be sent to you with your set number and assigned appointment date listed. Bring a copy of this email with your samples. Please ensure that samples arrive by the appointment date. Please let us know if you cannot keep the appointment date.
- Please provide the EWQL with your best estimate of the number of samples you would like to submit. It is best to over-estimate rather than under-estimate on this number. If you have more samples than are indicated on your Sample Analysis Request Form, a new set will have to be generated for the extra samples.
- The same parameters must be requested for **all** samples within a set.
- The EWQL is using direct invoicing of UF/IFAS research account numbers for payment of services. Please expect to budget \$8.00 per requested analyte/sample, and \$2.00/digestion/sample. Be sure to provide your sample matrix on this form.
- The EWQL prefers that samples be provided in 20-mL scintillation vials (Fisher 0333723C) with the sample identification printed clearly on the SIDE of each vial with indelible ink. Samples **must** be numbered sequentially (no letters or symbols). Labeling the vial caps only is unacceptable.
- If possible, please estimate the concentration range you expect your samples to contain and note that range to the side of the analyses you select. The EWQL website lists the linear working ranges for the various methods used by the EWQL. Diluting your samples into that range helps eliminate analysis delays and prevents charges to your account for sample dilutions.
- Please critically evaluate your report as soon as possible after receipt. The EWQL holds analyzed samples for at least 4 weeks after the final report is mailed to the researcher. Samples will be discarded after that date unless otherwise instructed. The completed hard-copy data package including all supporting documentation is maintained on file at the EWQL for five (5) years after the end of the project.

SAMPLE INFORMATION

Solvent (**required**) _____ Project _____ Date Sampled _____
Discard sample after completion? Yes / No

REQUESTED TESTS: If all analyses in a test package are desired, circle the appropriate test number. Otherwise, circle only those analytes desired. Indicate approximate concentration range on the line next to each element.

Test Analyses

- P** (ICP method, mgL⁻¹ range) _____, **K** _____, **Ca** _____, **Mg** _____.
- Zn** _____, **Mn** _____, **Cu** _____, **Fe** _____.
- Al** _____, **B** _____, **Cd** _____, **Ni** _____, **Pb** _____.
- Spec. Cond.** _____, **Na** _____, **pH** _____.
- NH₄-N** _____, **NO₃-N + NO₂-N** _____.
- Total Kjeldahl Nitrogen (TKN) digestion _____ analysis _____.**
- Ortho-PO₄** _____ **Total-PO₄** _____ (colorimetric methods, ugL⁻¹ ranges)

NOTES: