

IFAS Analytical Services Laboratories

Wallace Building #631, 2390 Mowry Road

P.O. Box 110740, Gainesville, FL 32611-0740

Phone: 352-392-1950

WEB: <http://arl.ifas.ufl.edu> Email: arl@ifas.ufl.edu

Sample Analysis Request Form
--- SOLUTION ANALYSES ---

RESEARCHER'S SAMPLE IDENTIFICATION

Consecutive Number _____ to _____

Total Number of samples _____

Maximum # of Samples Per Request = 160 samples

RESEARCHER/CLIENT INFORMATION

Department/Center _____

Primary Investigator _____

Collaborator/Grad Student/Post Doc _____

Telephone _____ E-Mail(required) _____

Mailing Address _____

PI Signature (required) _____

(Signature of the PI responsible for the funding source is required for approval of chartfield charges.)

ARL USE ONLY

Appointment Date

Set Number _____

Lab Numbers _____ to _____

Date Request Received _____

Sample Receipt Date _____

PRIMARY FUNDING SOURCE (required; sponsored award)

UF Dept. ID _____ Fund Code _____

Program _____ Source _____

Project Number _____ CRIS _____

SECONDARY FUNDING SOURCE (required; non-sponsored)

UF Dept. ID _____ Fund Code _____

Program _____ Source _____

Project Number _____ CRIS _____

CHECKLIST- Read carefully before submitting samples to the ARL.

1. Samples can be scheduled with the ARL 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. Unscheduled samples will be assigned set numbers after arrival. You will be notified of the set number within one business day after sample submission.
2. The same parameters must be requested for **all** samples within a set.
3. Provide your sample matrix on this form. Please contact the ARL with any questions concerning unusual matrices or special analyses.
4. Currently the ARL prefers samples to be provided in 20-mL scintillation vials (Fisher 0333723C) with the sample identification printed clearly on the SIDE of each vial. Labeling the vial caps only is unacceptable.
5. **Samples must be numbered sequentially (no letters or symbols).**
6. For billing, we direct invoice UF/IFAS research account numbers.
 - a. Expect to budget \$2.00 per requested analyte/sample and \$2.00/digestion/sample. Samples with unusual matrices or other problems may be subject to additional charges.
 - b. There is a fee of \$1 per dilution per sample for samples with high concentrations.
7. The ARL 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.

SAMPLE INFORMATION

Solvent (required) _____ Project _____ Date Sampled _____

Discard sample after completion? Yes / No *Researchers should collect samples within 4 weeks of the final report being sent.

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.

ICP method, mgL⁻¹

1. P _____ K _____ Ca _____ Mg _____

2. Zn _____, Mn _____, Cu _____, Fe _____, Cr _____

3. Al _____, B _____, Ba _____, Cd _____, Mo _____, Ni _____, Pb _____, Si _____, S _____

4. Spec. Cond. _____, Na _____, pH _____, Cl _____

Colorimetric methods, mgL⁻¹

5. NH₄-N _____, NO₃-N + NO₂-N _____

6. Total Kjeldahl Nitrogen (TKN) _____ or TKNa (pre-digested) _____ Note: TKN requires 10 ml for digestion.

7. Ortho-PO₄ _____ (ugL⁻¹) Total-P _____ (ugL⁻¹) Note: Total-P requires 10 ml for digestion.

For additional information or questions concerning available services or for special request services, please contact the Laboratory Director or Coordinator.