UF UNIVERSITY of FLORIDA IFAS

Institute of Food and Agricultural Sciences
Soil, Water, and Ecosystem Sciences

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

IFAS Analytical Services Laboratories
Analytical Research 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 _____

Maximum # of Samples Per Request = 160 samples

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.)

ARL USE ONLY

Appointment Date

Set Number _____

Lab Numbers _____ to _____

Date Request Received _____

Sample Receipt Date _____

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. Please provide the ARL 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.
3. The same parameters must be requested for **all** samples within a set.
4. The ARL is using direct invoicing of UF/IFAS research account numbers for payment of services. Please expect to budget $2.00 per requested analyte/element and $2.00/digestion/sample. Samples with unusual matrices or other problems may be subject to additional charges. Be sure to provide your sample matrix on this form. Please contact the ARL with any questions concerning unusual matrices or special analyses.
5. 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. Samples must be **numbered** sequentially (no letters or symbols).
6. 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 ARL website lists the linear working ranges for the various methods used by the ARL. Diluting your samples into that range helps eliminate analysis delays and prevents charges to your account for sample dilutions.
7. Please critically evaluate your report as soon as possible after receipt. 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. The completed hard-copy data package will be maintained on file for three (3) years.

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.

Test	Analyses
1.	**P** (ICP method, mgL^{-1} range)_____, **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** _____
5.	**NH_4-N** _____, **NO_3-N + NO_2-N** _____.
6.	**Total Kjeldahl Nitrogen (TKN) digestion** _____ **analysis** _____.**Note: TKN requires 10 ml for digestion.**
7.	**Ortho-PO_4** _____ **Total-PO_4** _____ (colorimetric methods, ugL^{-1} ranges) **Note: Total-PO_4 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.

Notes: