

IFAS Analytical Services Laboratories
Environmental Water Quality Laboratory

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RESEARCHER/CLIENT INFORMATION (ALL fields must be completed.)

Investigator/Graduate Student _____

Telephone _____

E-Mail (required) _____

Mailing Address _____

Dept. ID (required) _____ Fund Code _____

Program _____ Source _____

Project Number _____ CRIS _____

Signature _____

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

RESEARCHER'S SAMPLE IDENTIFICATION

Consecutive Number _____ to _____

Total Number of Samples _____

Maximum # of Samples Per Request

NO₃-N, NH₄-N, TKN, ICP metals = 160 samples

Total-P and Ortho-P = 80 samples

Requested Processing Date _____

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 MUST BE SCHEDULED WITH THE EWQL PRIOR TO DELIVERY.** Two copies of your information sheet will be returned to you with your assigned appointment date listed. Keep one copy and return the other with your samples. Please ensure that samples arrive by the appointment date. Samples arriving after their appointment date will be returned to the researcher and will need to be rescheduled before they will be analyzed.
- PLAN AHEAD.** There is typically a 4 to 6 week delay between the date a Sample Analysis Request Form is received and the date the samples will be scheduled to arrive. We strongly suggest that you complete and submit your Sample Analysis Request Forms during the planning stages of your research or teaching project. Contacting us after your samples have been collected, extracted, or digested may result in sample analysis delays. If you need to complete a sample set by an imposed deadline, please provide this information in the **Requested Processing Date** line above.
- 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. Once a sample set is scheduled, it is easy to decrease the number of samples scheduled while increasing the number requires cancellation of the original appointment date and rescheduling of the samples again leading to delays in analysis. Please **DO NOT** deliver more samples to the EWQL than are indicated on your Sample Analysis Request Form.
- 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. 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 EWQL with any questions concerning unusual matrices or special analyses.
- Currently the EWQL only accepts samples 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. Labeling the vial caps only is unacceptable and the EWQL reserves the right to refuse samples that are not provided in the correct sample containers or that are improperly labeled or prepared.
- 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 approximately 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

1. **P** (ICP method, mgL⁻¹ range) _____, **K** _____, **Ca** _____, **Mg** _____.

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

3. **Al** _____, **B** _____, **Cd** _____, **Ni** _____, **Pb** _____.

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

5. **NH₄-N** _____, **NO₃-N + NO₂-N** _____.

6. **Total Kjeldahl Nitrogen (TKN) digestion _____ analysis _____.**

7. **Ortho-PO₄** _____ **Total-PO₄** _____ (colorimetric methods, ugL⁻¹ ranges) **Note: Total-PO₄ requires 20 ml for digestion.**

Website <http://arl.ifas.ufl.edu>