



**Analytical Research Laboratory**

Wallace Building #631

P.O. Box 110740

Gainesville, FL 32611-0740

352/392-1950 (SUNCOM 622-1950)

FAX 352/392-1960

Email ARL@IFAS.UFL.EDU

**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 \_\_\_\_\_

**Sample Analysis Request Form**  
**--- LOW-LEVEL ICP ANALYSIS ---**  
**(Solution Only)**

**RESEARCHER'S SAMPLE IDENTIFICATION**

Consecutive Number \_\_\_\_\_ to \_\_\_\_\_

Total Number of Samples \_\_\_\_\_

**Maximum # of Samples Per Request**

**ICP metals = 160 samples**

Requested Processing Date \_\_\_\_\_

**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.**

- ALL SAMPLES MUST BE SCHEDULED WITH THE ARL PRIOR TO DELIVERY.** A copy of your information sheet will be returned to you with your assigned appointment date listed. Make and keep a copy for your records and return the original 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 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. 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 ARL than are indicated on your Sample Analysis Request Form.
- The ARL is using direct invoicing of UF/IFAS research account numbers for payment of services. Please expect to budget \$2.25 per requested analyte/element, \$1.00/extraction/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 ARL with any questions concerning unusual matrices or special analyses.
- Currently the ARL only accepts samples provided in 20-mL scintillation vials (Fisher 0333723C) with the sample identification printed clearly on the **SIDE** of each vial. Samples must be numbered sequentially. Labeling the vial caps only is unacceptable and the ARL 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 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.
- Please critically evaluate your report as soon as possible after receipt. The ARL 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.

**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 \_\_\_\_\_, K \_\_\_\_\_, Ca \_\_\_\_\_, Mg \_\_\_\_\_.

2. Zn \_\_\_\_\_, Mn \_\_\_\_\_, Cu \_\_\_\_\_, Fe \_\_\_\_\_.

3. Al \_\_\_\_\_, B \_\_\_\_\_, Cd \_\_\_\_\_, Mo \_\_\_\_\_, Ni \_\_\_\_\_, Pb \_\_\_\_\_.

4. Na \_\_\_\_\_.

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

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