

**IFAS Analytical Services Laboratories**

**Analytical Research 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**  
**--- TISSUE ANALYSES ONLY ---**

**RESEARCHER'S SAMPLE IDENTIFICATION**

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

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

**Maximum # of Samples Per Request**

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

b) Total-P and Ortho-P = 80 samples

When a & b are requested in combination, the maximum number of samples per form will be 80

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

| <b>ARL USE ONLY</b>   |                |
|-----------------------|----------------|
| Appointment Date      |                |
| Set Number            | _____          |
| Lab Numbers           | _____ to _____ |
| Date Request Received | _____          |
| Sample Receipt Date   | _____          |

**CHECKLIST- Read carefully before submitting samples to the ARL.**

1. **ALL SAMPLES MUST BE SCHEDULED WITH THE ARL 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.
2. **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.
3. 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.
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, \$1.00/extraction/sample and \$2.00/digestion/sample. In addition, the cost for organic matter is now \$10.00. 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 only accepts tissue samples that have been dried and ground prior to arrival at the lab. Depending on the analyses requested, the average sample size required is about 2 grams of prepared tissue and the mesh size of the ground tissue will determine the reproducibility of the sample (ie, the finer the grind, the more reproducible). Samples should be submitted in either an approved tissue sample bag or a 20 mL scintillation vial (Fisher 0333723C) with the sample identification printed clearly on the **SIDE** of each bag/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.
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.
7. 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. The completed hard-copy data package will be maintained on file for three (3) years.

**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.      B \_\_\_\_\_, Mo \_\_\_\_\_,

Additional elements: Al \_\_\_\_\_, Ba \_\_\_\_\_, Cd \_\_\_\_\_, Na \_\_\_\_\_, Ni \_\_\_\_\_, Pb \_\_\_\_\_, Si \_\_\_\_\_

4.      Total Kjeldahl Nitrogen (TKN) \_\_\_\_\_.

• **Discard sample after completion?    Yes / No**

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

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