



**NORTH CAROLINA AGRICULTURAL
AND TECHNICAL STATE UNIVERSITY**

*AGRICULTURE AND ENVIRONMENTAL
SCIENCES*

ANALYTICAL SERVICES LABORATORY SAMPLE SUBMISSION FORM

Please download this form to your computer, fill out the form in its entirety, save the completed version and return it by email to Kiran Subedi, Ph.D. at ksubedi@ncat.edu. To ensure the safety of lab personnel and a faster turnaround time for results, we recommend that users complete the entire form in as much detail as possible. Incomplete forms will be returned with no analysis performed; they can be resubmitted with the appropriate details. If you request more than one analysis, please use separate forms and submit samples in separate vials for individual tests.

CONTACT INFORMATION

Submitter Information

Name: _____

Title: _____

Project Title: _____

Department: _____

Email: _____

Telephone: _____

PI/Supervisor Information

Name: _____

Title: _____

Department: _____

Email: _____

Telephone: _____

Funding Source (e.g., Evans Allen, CBG, Others):

Submission Date: _____

Account Number: _____

Purchase Order No.: _____

SAMPLE INFORMATION & ANALYSIS

Note: Failure to complete any of the boxes in this section will imply sample(s) is not hazardous and requires no special treatment

Risks & Hazards	Sensitive Properties	Handling Required	Analysis Required
<input type="checkbox"/> Acidic/Basic <input type="checkbox"/> Carcinogenic <input type="checkbox"/> Volatile <input type="checkbox"/> Toxic <input type="checkbox"/> Health Hazard (biological, chemical, etc.)	<input type="checkbox"/> Hygroscopic <input type="checkbox"/> Light /Photosensitive <input type="checkbox"/> Air <input type="checkbox"/> Moisture <input type="checkbox"/> Deliquescent <input type="checkbox"/> Temperature	<input type="checkbox"/> Ambient/ NTP <input type="checkbox"/> Refrigerate (5°C) <input type="checkbox"/> Std. Freezer <input type="checkbox"/> No Special Treatment <p style="text-align: center;">Required</p> <p>Notes: Special requirements may end up with additional fees.</p>	<input type="checkbox"/> CHN <input type="checkbox"/> GC <input type="checkbox"/> HPLC <input type="checkbox"/> ICP <hr/> <p style="text-align: center;">RUNS: <input type="checkbox"/> Duplicate</p> <p style="text-align: center;"><input type="checkbox"/> Other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Note: # Duplicate analysis will be performed upon request provided sufficient sample is supplied.</p>

Refrigerated or frozen sample: How long can it be kept at ambient conditions during sample prep and analysis?

Other safety/handling information: _____

*ASL reviews all available safety information prior to starting projects.

For > 10 samples attach an excel sheet:

ASL USE ONLY:

Sample ID <small>(MAX. 30 Characters)</small>	Sample Type <small>(water, soil leaves, roots etc.)</small>	Theoretical Values of Analysis Required in %	Desired Analyte	Sample Condition

Any additional comments/hazardous materials information:

Sample Disposition:

- DESTROY SAMPLE(s) no less than 30 days after completion of project. DEFAULT option if no other instructions provided.
- RETURN SAMPLE(s) Contact the ASL for pick-up or shipping rearrangement.

Required Signature of Principal Investigator:

Name: _____

Signature: _____

Date: _____

Contact Information and Location for ASL

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