Analysis Service Request Form

Contact person: _____
Email: _____
Phone: _____

Return client: Yes
User ID# (for return clients only): _____

Analyses requested (check all that apply; see website for description and cost of analyses):

Water Samples:
- ☐ Dissolved inorganic nutrients
- ☐ Dissolved organic nutrients (TN+TP)
- ☐ Total dissolved phosphorus via HTA
- ☐ High-temp DOC/TDN
- ☐ Dissolved inorganic carbon
- ☐ Dissolved oxygen
- ☐ Salinity via conductivity
- ☐ Alkalinity

Particulate Samples:
- ☐ Elemental CN
- ☐ Elemental CN+S
- ☐ Total P via Aspila
- ☐ Inorganic P via Aspila
- ☐ Inorganic carbon
- ☐ Chl a

Number of samples for analysis: _____
Sample volume (water samples): _____
Mass of material (particulate samples): _____
Location of sample collection:_____
Describe how samples are stored (i.e. refrigerated/frozen/dried):
_____
Describe how samples were prepared (i.e. filtered/acidified /ground/sieved):
_____
Estimated concentration range for each compound to be analyzed:
_____
_____

Additional facility provided preparation requested (check all that apply):
- ☐ Weighing/wrapping for CN or CN+S analysis
- ☐ Acidification for CN or CN+S analysis
- ☐ pH adjustment of water samples
- ☐ Dilution of water samples

Additional comments:

After request form has been accepted you will receive an email with further instructions for submitting/sending samples to the S-LAB

Terms of Agreement:

I understand the costs associated will the sample analyses indicated above and will be responsible for all charges associated with the requested services.

_____ _____

Signature Date

UH Users:

Please provide the account number that will be used to pay for the services listed above

_____

Account Number & Expiration Date

Please provide contact information of the fiscal officer associated with the above account

_____ _____

Fiscal Officer Contact Information (phone & e-mail)

Non-UH Academic Users:

Please provide the award number (NSF, EPA, NOAA, etc.) that will be used to pay for the services listed above. If this information is not available please submit a purchase order for the requested services.

_____

Award/PO Number

Private/Commercial Users:

Please provide the contract or award number that will be used to pay for the services listed above. If this information is not available please submit a purchase order for the requested services.

_____

Contract/Award/PO Number