User Based Analyses Request Form

Contact person: _____
Email: _____
Phone: _____

Return client: Yes
User ID# (for return clients only): _____
EHSO lab safety training completed (required for all university employees working in the laboratory; see http://www.hawaii.edu/ehso/lab/ for more information): Yes

Requested use of the following instruments (check all that apply):

- ☐ Turner Design 10-AU fluorometer (chl a)
- ☐ UIC Coulometer (DIC, IC)
- ☐ Metrohm Titrando (Alkalinity, DO, Salinity)

Number of samples to be analyzed: _____
Location of sample collection:_____
Type of analyses to be performed: _____
Previous training with S-LAB for the instrument requested: Yes

If no, contact Rebecca Briggs directly to setup the mandatory training on the instrument

Date(s) and time(s) requested for instrument use (Check the online calendar for instrument availability):

After request form has been accepted you receive an email to confirm the requested date/time.