**SAMPLE SUBMISSION FORM**  
*Core Facility for Ecological Analyses*  
*Center for Ecology*

<table>
<thead>
<tr>
<th>Submit samples to:</th>
<th>Facility Manager Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Facility for Ecological Analyses</td>
<td>Amanda Rothert</td>
</tr>
<tr>
<td>Life Science II, Room 417</td>
<td>Phone: 618-453-3218</td>
</tr>
<tr>
<td>Mailcode 6509</td>
<td>Fax: 618-453-3441</td>
</tr>
<tr>
<td>Southern Illinois University</td>
<td>email: <a href="mailto:mandy118@siu.edu">mandy118@siu.edu</a></td>
</tr>
<tr>
<td>Carbondale, IL 62901-6509</td>
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All samples submitted to the facility must be accompanied by a sample submission form.

Following analyses, data will be submitted to the investigator via email unless requested otherwise. Please pick up samples after analysis complete.

**INVESTIGATOR INFORMATION** (*Required*)

Name: *First ______________________ *Last _________________________

*Phone No. ____________________________ *E-mail ______________________________

*Advisor ____________________________ *FAS/AIS Acct No __________________________

Fiscal Officer _______________________ Account Title _________________________

*Department__________________________ *Campus Location/Mailing __________________

**SAMPLE INFORMATION**

*Sample Date (Example Soil samples collected on May 6, 2011: “110506”): _______________

* Investigator or Advisor Name (Example “Baer”): ______________________________________

*Project Name, if applicable (Example Northeast Nebraska Conservation Reserve Program: “NECRP”): _____________________________________________________________

*Sample identification system (Example NECRP Landowner Name Depth: CRP Baer 0-10cm) _____________________________
*No. of Samples ______ in No. of Boxes ______ *Sample matrix _____________________
* Additional notes:_________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
*Storage specifications _________________________________________________________

**ANALYTES REQUESTED** (Indicate number of samples for which of the following)

**Flow Solution IV** (for liquids only: water, extracts, and digests)

- [ ] Ammonium–N (NH_4–N)
- [ ] Nitrite–N + Nitrate–N (NO_2–N + NO_3–N)
- [ ] Nitrite–N only (NO_2–N)
- [ ] Orthophosphate (PO_4–P)
- [ ] Total Persulfate Nitrogen (TN)
- [ ] Total Persulfate Phosphorous (TP)

**Flash EA 2000 CHNS/O Elemental Analyzer** (for solids or liquids)

Carbon (C)    Nitrogen (N)    Sulfur (S)    Oxygen (O)    Hydrogen (H)    

GC-2014 (for gas only)  GC-8A (for gas only)

Nitrous oxide (N_2O)    Carbon Dioxide (CO_2)    

**Trilogy 7200 Fluorometer** (for liquids only: water or extracts)

Chlorophyll a (Chl a)    Rhodamine WT (Water Tracing) dye    

Chromophoric Dissolved Organic Matter (CDOM)______


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<th>Date Completed</th>
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Analyzed by

File Name(s):

______________________________________________________________________________