

SAMPLE SUBMISSION FORM

Core Facility for Ecological Analyses

Center for Ecology



Submit samples to:	Facility Manager Contact Information
Core Facility for Ecological Analyses Life Science II, Room 417 Mailcode 6509 Southern Illinois University Carbondale, IL 62901-6509	Amanda Rothert Phone: 618-453-3218 Fax: 618-453-3441 email: mandy118@siu.edu

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 identification system (*Example* Investigator/project name, Treatment, Sampling date)

*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, or digests)

_____ Ammonium-N ($\text{NH}_4\text{-N}$)

_____ Nitrite-N + Nitrate-N ($\text{NO}_2\text{-N} + \text{NO}_3\text{-N}$)

_____ Nitrite-N only ($\text{NO}_2\text{-N}$)

_____ Orthophosphate ($\text{PO}_4\text{-P}$)

_____ Total Persulfate Nitrogen (TN)

_____ Total Persulfate Phosphorous (TP)

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

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

Total Organic Carbon/Total Nitrogen Analyzer (for liquids only: water, extracts, or digests)

Total Carbon (TC) _____ Total Organic Carbon (TOC) _____ Total Nitrogen (TN) _____

GC-2014 (for gas only)

Nitrous oxide (N_2O) _____

GC-8A (for gas only)

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) _____

Date Received _____ Date Completed _____

Analyzed by _____

File Name(s): _____