

SAMPLE SUBMISSION FORM

Core Facility for Ecological Analyses

Submit samples to:	Staff Contact Information
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Gower Translational Research Center	Phone: 618-453-7500
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Mail Code 6833	
Southern Illinois University	
Carbondale, IL 62901	
•	must be accompanied by a sample submission form. nitted to the investigator via email unless requested ter 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
	de Investigator/project name, Treatment, Sampling date) kes*Sample matrix
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* Additional notes:	

*Storage specifications

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

<u>Flash EA 2000 Elemental Analyzer</u> (for solids) Total Carbon & Nitrogen (CN)				
			Total Organic Carbon (TOC)	
Total Organic Carbon/Total Nitrogen Analyzer (for liquids) Total Carbon (TC) Total Organic Carbon (TOC) Total Nitrogen (TN)				
			Date Received	Date Completed
			Analyzed by	
File Name(s):				