ASL Case # _____

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Sample Submission Form

University of Idaho Analytical Sciences Laboratory

Street Address: Holm Research Center, 2222 West Sixth Street
Mailing Address: 875 Perimeter Drive, Mailstop 2203
Moscow, ID 83844-2203
Phone (208) 885-7081 Email: asl@uidaho.edu FAX (208) 885-8937 Website: www.uidaho.edu/asl

Name	**Check/PO/Budget #** **Amount**
Agency/Company **Dept**	**Phone** **FAX**
Address **County**	**Email**
City **State** **ZIP** **UI Mail Code**	**Sampler Name (if different from submitter)**

COMMENTS/SPECIAL INSTRUCTIONS

LIST TESTS REQUESTED

Please Use **TEST CODES** (i.e. WNAN; STES). Refer to the **TEST FEE LIST.**

SAMPLE DESCRIPTION

LAB: List any abnormalities in sample(s) or issues with sample quantity. Record sample temperature (if applicable).

ASL LIMS # (Lab use only)	Submitter Sample ID	Coll. Date	Coll. Time	Sample Type: Plant	Soil	Water	Other									Water Preserv.	Water Filt.	Sample Inspection Checklist
																		Received intact?..... Y N
																		Labels and paperwork agree?.... Y N
																		Client contacted if necessary?..... Y N
																		Client Contact Notes:
																		Inspected by:
																		Date:

CHAIN OF CUSTODY:

Relinquished By: _____
Printed Name/Signature Time/Date

Received By: _____
Printed Name/Signature Time/Date

Relinquished By: _____
Printed Name/Signature Time/Date

Received By: _____
Printed Name/Signature Time/Date

POLICIES:

1. All submissions must be accompanied by payment, purchase order or UI budget number unless prior arrangements have been made.

2. Samples will be discarded 30 days after report date unless prior arrangements have been made.

3. Turn-around time varies with the number of samples, complexity of the requested testing, and existing workload in the laboratory. Please contact lab for the turn-around specific to your samples.

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College of Agricultural and Life Sciences

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COMMENTS/SPECIAL INSTRUCTIONS								LIST TESTS REQUESTED								SAMPLE DESCRIPTION		
								Please Use **TEST CODES** (i.e. WNAN; STES). Refer to the **TEST FEE LIST.**								LAB: List any abnormalities in sample(s) or issues with sample quantity. Record sample temperature (if applicable).		
				Sample Type														
ASL LIMS # (Lab use only)	**Submitter Sample ID**	**Coll. Date**	**Coll. Time**	**Plant**	**Soil**	**Water**	**Other**									**Water Preserv.**	**Water Filt.**	**Additional Remarks**

University of Idaho
College of Agricultural and Life Sciences