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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FVAS | | | UOM-Rev3D_S_Sm copy TrACEES – Soil Node **Analytical Sample Processing Request** | | | | | | | | | | | |
| This form is to be used to provide details of your sample processing requirements  *Fields and sections marked with an asterisk (\*) are mandatory.* | | | | | | | | A valid Themis Code is required at the time of submission. Estimated completion time and cost will be provided on receipt of samples. Account will be charged following completion and delivery of results.  Once this form has been completed please send to: [xxxxxxxxxx@unimelb.edu.au](mailto:xxxxxxxxxx@unimelb.edu.au) | | | | | | |
| 1. CONTACT DETAILS \* | | | | | | | | | | | | | | |
| Your Name: | | | | Eric Ireland | | | Email: | | eireland@student.unimelb.edu.au | | | Phone No/s: | 0416001804 | |
| Your Supervisor: | | | | Jizheng (Jim) He | | | Email: | | jizheng.he@unimelb.edu.au | | | Phone No/s: | 9035 8890 | |
| Department: | | | | FVAS | | | Location: | | Parkville | | | | | |
| **2. ACCOUNT DETAILS (If an external party is to be billed please advise name, organisation, address, email and phone)** | | | | | | | | | | | | | | |
| Account Code: | | 01-2590-34-      -043158- GEN-12-10 \* | | | | | Approver: | | Jizheng (Jim) He\* | | Provide date if deadline for billing? | | | no |
| Or Invoice To: | |  | | | | | | | | | | | | |
| **3. SAMPLE INFORMATION \* Please complete all details** | | | | | | | | | | | | | | |
| **Sample Type:** SoilPlant Water Sap KCl ExtractAcid Digested Gas sample  Total number of your samples 48 | | | | | | | | | | | | | | |
| **Preparation required (drying, 2mm grinding, 0.5mm grinding):** NoYes Specify Details: | | | | | | | | | | | | | | |
| **Storage condition required:** Ambient (15° to 30°C) Refrigeration (2° to 8°C)  Freezer (-15° to -20°C) | | | | | | | | | | | | | | |
| **Sample Disposal:** Hold for 56 months then Dispose  Return Arrange Pick Up  Please note extra charges may apply for shipping. | | | | | | | | | | | | | | |
| **Collection Site Information:\*** Agriculture Forest/Plantation  Glass House/Pot  Contaminated Area Acid Sulphate Soil  Provide any further relevant information: | | | | | | | | | | | | | | |
| 4. ANALYSIS REQUIRED | | | | | | | | | | | | | | |
| **Instrument** | **Sample Type** | | | | | **Elements** | | | | | | | | |
| LECO | Soil  Plant | | | | | Total Carbon  Total Nitrogen  Total Sulphur  No. of sample 48 | | | | | | | | |
| ICP | Soil Water Plant  Sap Acid digested | | | | | Total Ca  Mg  Na  K  P  S  Fe  Zn  Cu  Mn  Sr  Other       No. of sample | | | | | | | | |
| ICP | Soil  Extract | | | | | Exchangeable Cations Ca  Mg  Na  K  Other       No. of sample | | | | | | | | |
| SFA | Soil  Sap KCl Extract | | | | | NO3  NH4  Mineralized N  Phosphate Bray 1  Bray2  Olsen P  No. of sample | | | | | | | | |
| pH/EC Meter | Soil | | | | | pH (water)  pH (Cacl2)  EC  No. of sample | | | | | | | | |
| IRMS | Soil  Plant  Gas | | | | | No. of sample | | | | | | | | |
| GC | Gas | | | | | No. of sample | | | | | | | | |
| TOC/TON |  | | | | | No. of sample | | | | | | | | |
| 5. Sample submission | | | | | | | | | | | | | | |
| **Your samples will enter a queue when the following has been provided:\***  Samples – numbered consecutively  Electronic list of samples File name: 2018-06-25\_Eric\_Ireland\_Baw\_Baw\_SFA\_sample\_list  A confirmation email will be sent to you with an approximate result date and the cost for the work. High priority or urgent analysis may be negotiated. A surcharge may apply. | | | | | | | | | | | | | | |
| 6. Confirmation by laboratory team: | | | | | | | | | | | | | | |
| Submitted By:  Date: | | | | | Estimated Result time:  Estimated Cost: | | | | | Notes/Comments: | | | | |