 WORK ORDER

 **ANALYTICAL LAB**

 **MARINE SCIENCE INSTITUTE, UC SANTA BARBARA**

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Analysis: \_\_\_ Nutrients \_\_\_CHN \_\_\_Isotopes

 \_\_PO4 \_\_ Synthetic \_\_ 13C

 \_\_SiO4 \_\_ GFF \_\_ 15N

 \_\_NO2 \_\_ Natural Enriched? Y/N \_\_\_\_

 \_\_NO3+NO2  Acidify? Y/N\_\_\_Acidify? Y/N\_\_\_

 \_\_NH4

* Number of samples submitted: \_\_\_\_\_\_\_\_\_\_\_\_ Sample comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Hazardous material? Y/N\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Sample/container handling after analysis: \_\_ Discard Boxes/Coolers: \_\_ Discard

\_\_ Pick-up \_\_ Pick-up

\_\_ Ship \*\* \_\_ Ship\*\*

\*\* If return shipping is requested, please provide a FedEx Acct # to charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Recharge: MSI Project code: \_\_ \_\_ \_\_ \_\_ \_\_

or UCSB Acct#: \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ - \_\_ ( \_\_\_\_\_\_\_\_\_\_\_\_ )

 **loc acct fund sub index, if applicable**

or Non-UCSB Acct# or PO#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Person to contact with results or questions:

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_

E-mail:

* Accounts Payable or Person/Department to which the invoice should be sent:

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ANALYTICAL LAB USE ONLY

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