

Request for Sample Analysis

Please complete the following information and include a copy of this form with any samples that you send to us. If you wish to send us the form ahead of time, you can fax it to 315-470-6856 or email it to glboyer@esf.edu or Mike Satchwell at mfsatchw@syr.edu. Even if you send the form prior to shipment, please include a copy of this form with your samples.

Sample Information:

Number of boxes or shipments _____, UPS/FEDEX tracking number: _____

Sample type, # of Filters _____

(Please wrap any filters in aluminum foil. You must indicate on the sample the volume filtered)

of Water samples: _____

of Tissues samples: _____ (type and weight if known) _____

Other (please specify) _____

Total number of samples: _____ **Are these RUSH samples? Yes No**

Analysis Desired (please check):

Note: If all your samples are to be treated the same – you can complete one form, If not- please complete a separate form for each sample or group of samples to be analyzed.

Microcystin analysis (bioactivity) Anatoxin-a analysis

Microcystin analysis (congeners) PSP analysis

Cylindrospermopsin Anatoxin-a(s)

Other (Please specify) _____ Our choice (or don't know)

Note: we will automatically run a second confirmatory analysis on all positive samples. If you would rather we did not run the confirmation (usually by LCMS), please check here.

Your Contact Information:

Name: _____

Address: _____

Address: _____

Email address _____

Phone: __ (____) _____ FAX: __ (____) _____

I prefer to be contacted by phone , email , fax , US mail

The best time to contact me is morning mid-day evening leave a message