



ENVIRONMENTAL & AGRICULTURAL TESTING SERVICE REQUEST FORM

Department of Crop and Soil Sciences
3319 Williams Hall
Phone: 919-513-1297

<https://eats.wordpress.ncsu.edu>

eats-laboratory@ncsu.edu

Client _____ Project Leader _____

Company or / NCSU Department _____ Date submitted _____

Campus Box/Address _____

Email _____ Telephone _____

Accountant (Name, phone, email) _____

Note: For expedited service, please contact EATS Lab prior to sample submission. There may be additional charges for rush sample analysis.

Description of Sample Material	Customer ID #(s)	# of Samples	Analyses Requested	Comments

Does the sample material contain residual acids or other chemicals? If yes, please list below _____ Yes No Unknown

Does the sample material contain potentially infectious and/or toxic organisms or chemicals? _____ Yes No Unknown

Is the sample from overseas, a quarantine area, known spill, or waste dump site? _____ Yes No Unknown

NCSU Account/Project ID _____

External Client Billing Information

Payment from Federal Funds

Payment by Check

Payment by Credit Card

A 3% credit card transaction fee will be assessed

Approval signature: _____

Project Leader

Date

(For EATS Lab Use Only)

Approval No.: _____ Approval Date: _____ Date Completed: _____

Estimated Cost: _____

Remarks: _____

