IBRI Analytical Service Center  
Sample Testing Form 
Department of Forest Biomaterials, North Carolina State University,  
Phone: 919-515-0347

Principal Investigator: __________________________ Date submitted: ___________
Department: __________________________ Address: __________________________
Email address: __________________________ Telephone: __________________________
Campus Box: ______ NCSU Project Acct to be charged __________ OUC#: __________
Bookkeeper (Name and phone): __________________________

<table>
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<tr>
<th>Description of Sample Material</th>
<th>Identification No.</th>
<th>No. of Samples</th>
<th>Testing Required</th>
<th>Comments</th>
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Does the sample material contain residual acids or other chemicals? If yes, please list the chemicals ______ Yes ______ No ______ Unknown

Does the sample material contain potentially infectious or toxic organisms? ______ Yes ______ No ______ Unknown

Does the sample material contain known toxic inorganic or organic chemicals? ______ Yes ______ No ______ Unknown

__________________________  __________________________
Approval signatures:  
Principal Investigator  Date

__________________________  __________________________
Contract Manager  Date

(For Department of Forest Biomaterials Use Only)

Approval No.: ______________ Date: ______________ Date Completed: ______________
Estimated Cost: __________________________

Remarks:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________