

NCFL Work Request Form (for users outside Virginia Tech)

Company Name: _____ Contact Name: _____ Billing Address: _____ _____ _____ City/State/Zip: _____ Phone: _____ Fax: _____ Other contact no. (cell, pager): _____ Email: _____	Date: _____ P.O. No: _____ (attach copy of PO) Estimated Cost (if known): _____ Academic/NonProfit? YES____ NO____ Federal Flow-Through Work? YES____ NO____ If yes, Agency: _____ Contract/Grant No: _____ <i>I certify this funding information is accurate</i> Printed Name: _____ Signature/Date: _____ Title: _____
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Description of Work

Number of samples: _____	Details/photos attached: _____
Analytical techniques requested: _____	
Description of analysis: _____ _____ _____	
Send Report by: _____ Email _____ Mail _____ Overnight _____ No Report Needed	

Samples will be retained for 8 weeks then discarded unless otherwise requested

Return samples _____ Special handling requirements: _____
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PLEASE INCLUDE A COPY OF THIS FORM WITH YOUR SAMPLES

Acknowledgement Statement: The NCFL receives support from the National Science Foundation that is vital to maintain the high quality of our facility and we strongly ask that you acknowledge their contribution in your publications and presentations that result, in full or part, from using our facilities. After your results have been published, please share the bibliographic information to susette@vt.edu.

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