

Request for Services Form
Elemental Analysis Service Center

Step 1

- The **Requester** should fill out pages 1, 2 and submit to:
 - Jack Pender, Director of Pharmaceutical Training and Lab Services
 - penderj15@ecu.edu

Step 2

- The **Director** will review the information, determine the scope of work, and generate an estimate. (Page 3)
- The **Director** may request additional information or a meeting to clarify the scope of work.

Step 3

- The **Requestor** fills out billing information and obtains the necessary signatures (Page 4).
- The **Requestor** sends the signed copy of Page 4 to the **Director** for filing.

Step 4

- Analysis is scheduled and performed.
- Results and supporting information are reported.

Step 5

- The **Director** submits an invoice to the **Requestor** based on actual use of the Elemental Analysis Service Center according to the currently approved rates. (Page 5)

REQUESTOR INFORMATION	
Date of Request	
Requestor Name	
Email and phone	
PI Name (if different)	
PI email (if different)	
Department/Company	

SAMPLE INFORMATION - BASIC	
Sample Type	(i.e. water, blood plasma, teeth, buffered medium etc.)
Number of Samples (anticipated)	
Elements and Expected Levels (estimated)	
Data needed by (estimated date)	

SAMPLE INFORMATION - TECHNICAL	
<p>Sample Form (to be received at the Elemental Analysis Service Center)</p> <p>Choose all that apply</p>	<ol style="list-style-type: none"> 1) Solid/liquid in need of acid digestion 2) Filtered solutions ($\leq 1\mu\text{m}$) <ul style="list-style-type: none"> - in 1-5% nitric acid ready for analysis in the - range of ~ 1 to ~ 500 ppb (ng/mL) 3) Solutions in need of filtration 4) Solutions in need of dilution into range 5) Other: (Explain)
<p>Amount of sample(s) available</p>	<ol style="list-style-type: none"> 1) Unlimited 2) Liquids _____ mL each 3) Solids _____ grams each 4) Explain, if necessary
<p>Concentration of matrix (liquid samples)</p>	<ol style="list-style-type: none"> 1) If known, please describe matrix fully. 2) Calculate the TDS in the matrix. <p>% Total Dissolved Solids = $\frac{\text{Total mass of ingredients (g)}}{\text{volume (mL)}} \times 100$ </p> <p>TDS = _____ %</p>
<p>Do you have a digestion and/or analysis method?</p>	<p>Yes or No</p> <p>If so, please send to the Director for review.</p>

LEVEL OF ASSISTANCE	
<p>Do you need training? (circle all that apply)</p>	<ol style="list-style-type: none"> 1) No – Already trained. I can do everything myself. 2) No - You do it all. I just want the results. 3) Yes – Basic trace metals info, standard/sample prep, and experimental/QC design 4) Yes – How to use the ICPMS 5) Yes – How to use the microwave or hotblock 6) Other? Explain.
<p>Need help with data analysis?</p>	<ol style="list-style-type: none"> 1) No, I have done this before. 2) Maybe – I may need just a little help or assurance. 3) Yes – Please look at my run and make sure the instrument performed well. I will take it from there. 4) Yes – Please help me interpret some of my data. 5) Yes – Please give me a report explaining the QC, LOD/LOQ, instrument conditions, and results.

Submit completed form and any supporting documents to penderj15@ecu.edu for review.

Estimate for Services Form
Elemental Analysis Service Center

Note: These rates are for estimates within ECU only. F&A must be added to external estimates.

Based on the information obtained from the **Requestor**, the **Director** of the Elemental Analysis Service Center estimates the cost to perform the testing as follows:

ESTIMATE FOR SERVICES REQUESTED			
Service	Quantity	Rate (\$\$)	Total (\$\$)
Instrument Time (hours)		\$53.79	
Director Time (hours)		\$68.76	
Use Center Materials (per sample)		\$6.13	
Microwave/Hotblock Digestion (per sample)		\$11.81	
Training (<i>specify level and time</i>)		TBD	
Estimated Total			

Factors

Number of samples

Time required to analyze samples by ICPMS

Use of Center Materials (trace-metal standards, tubes, acids etc.)

Use of hotblock or microwave

Support required from Director (method development, sample prep, analysis, data analysis etc.)

Training for self-directed analysis

Note: This is a good-faith estimate based on the information provided. The final invoice will reflect the actual services provided and may total higher or lower than this estimate.

Signature of Lab Director _____/Date _____

Submitted to: _____ by email _____ Date _____

Pre-Analysis Billing Information Form
Elemental Analysis Service Center

Note: These forms are for **billing within ECU only**.

Supporting Documents

Page 1 and 2: Request for Services Form

Page 3: Estimate for Services Form

BILLING INFORMATION	
Internal to the University	
Requestor Name	
FOAP to be charged	
Type of funding (circle)	State F&A Grant/Contract URCA CURE Other
Federal grant or contract	Yes No
Name of person authorized to spend money from the FOAP	
Total Amount Authorized	(125% of estimate recommended)
Department	
Administrative Contact (for interdepartmental transfer)	Name: Email: Phone:

ESTIMATE FOR SERVICES REQUESTED			
Service	Quantity	Rate (\$\$)	Total (\$\$)
Instrument Time (hours)		\$53.79	
Director Time (hours)		\$68.76	
Use Center Materials (per sample)		\$6.13	
Microwave/Hotblock Digestion (per sample)		\$11.81	
Training (<i>specify level and time</i>)		TBD	
Estimated Total			

Payment will be due within 30 days of services provided. An invoice will be sent to the **Requestor** of actual services provided.

Signature of Authorized Person _____ /Date _____

Signature of User's Department Chair – to guarantee the funds AND to certify that no conflict of interest or external professional activity for pay was identified for use of this service.

Signature _____ / Date _____

Signature of Lab Director _____ /Date _____

INVOICE

Elemental Analysis Service Center

(Transfer initiated by Chemistry Department once approved)

Supporting Documents

- Page 1 and 2: Request for Services Form
- Page 3: Estimate for Services Form
- Page 4: Pre-Analysis Billing Information Form (signed)

Invoice Date: _____

Invoice #: _____

Payment due within 30 days

CHARGES FOR SERVICES PROVIDED			
Service	Quantity	Rate (\$\$)	Total (\$\$)
Instrument Time (hours)		\$53.79	
Director Time (hours)		\$68.76	
Use Center Materials (per sample)		\$6.13	
Microwave/Hotblock Digestion (per sample)		\$11.81	
Training (<i>specify level and time</i>)		TBD	
Total			

Rates approved as of **July 1, 2020**

BILLING INFORMATION	
Internal to the University	
Requestor Name	
FOAP to be charged	
Name of person authorized to spend money from the FOAP	
Department	
Administrative Contact (for interdepartmental transfer)	Name: Email: Phone:

Signature of Lab Director _____ /Date _____

Authorized Signature for FOAP _____ /Date _____

Return signed copy to:

Turrochelle McEachern, MBA, MPA

Lead Administrator, Chemistry Department, Science and Technology Building MS 552

Office Suite #308, East Carolina University

Greenville, NC 27858

Office: 252-328-9704

Fax: 252-328-6210

Mceachernt17@ecu.edu

For ECU Internal J51 payments, credit will be applied to Service Center FOAP 140412-591300-50711-0000 and debited from the department fund(s) using account code 73097