



**Center for Applied
Isotope Studies**
UNIVERSITY OF GEORGIA
Biobased Product Testing

CAIS USE ONLY

CAIS Invoice Number _____

Date Received _____

Date Analyzed _____

Please COMPLETE, PRINT, and ENCLOSE a copy of this form with your sample.

CAIS Biobased Product Testing

University of Georgia

120 Riverbend Road

Athens, GA 30602-4695

Phone: 706-542-1395

Fax: 706-542-6106

Email: cais@uga.edu

SUBMITTER INFORMATION

Mailing Address:

PO Number:

Name

Organization

Street Address

City

State

Zip

Telephone

Fax

Email

Billing Address (if different from above):

Name

Organization

Street Address

City

State

Zip

UGA Account Information (if applicable)

UGA Account #

Account or Grant Name (if any):

ASTM D6866-12 ANALYSIS REQUESTED (Check all that apply)

¹⁴C and δ¹³C by AMS (method B)

Rush Sample (7 day)

Rush Sample (4 day)

¹⁴C and δ¹³C by modified LSC (method C), please inquire

Additional Comments:

Please include Manufacturer/Vendor form and USDA Application # for BioPreferred Program samples.