



**Center for Applied
Isotope Studies**
UNIVERSITY OF GEORGIA

Biobased Product Testing

CAIS USE ONLY

CAIS Invoice Number _____

Date Received _____

Date Analyzed _____

**CAIS does not provide analytical services for private individuals.
New clients: Please contact us prior to submitting your samples.**

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 D6866–18 ANALYSIS ¹⁴C and δ¹³C by AMS (method B), select turn-around time:

<input type="checkbox"/>	2-3 Weeks	<input type="checkbox"/>	7-day Rush Sample	<input type="checkbox"/>	4-day Rush
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Additional Comments:

Please include Manufacturer/Vendor form and USDA Application # for BioPreferred Program samples.
Please supply approximately 10g minimum of representative sample.
Please inquire regarding ¹⁴C and δ¹³C by LSC (method C) – rculp@uga.edu