

IFAS

Forage Evaluation Support Laboratory (FESL)
Plant Ploidy Analysis Research Program (PPARP)
Richard Fethiere, Manager and Lynn Sollenberger, Supervisor

1676 McCarty Drive
3105 McCarty Hall B
PO Box 110500 Gainesville, FL 32611-0500
352-273-3410
Fesl@mail.ifas.ufl.edu

PLOIDY ANALYSIS SAMPLE INFORMATION SHEET

PLEASE COMPLETE AND SUBMIT IN ADVANCE OF PROVIDING SAMPLES

INSTRUCTIONS:

- All samples **MUST** be scheduled with FESL four (4) weeks prior to scheduled date.
- Complete and mail this sheet during the planning stages of your research or teaching project. NOTE: Contacting us after the sample has been collected will not insure processing.
- **A maximum of 40 samples can be analyzed in a day.** If you plan to have a graduate student complete research where more samples must be processed, please contact the lab for special arrangements.
- Budget \$5.00 per analysis, but note that problem samples may require additional charges.
- Do **NOT** bring potted plants into the lab except your own known standards. Currently, there are only settings established for Bahiagrass, Annual Ryegrass, Red Clover, Lantana, Coleus and Tradescantia. Researching appropriate settings for other species or plant parts may require additional charges.
- Enclose tissue samples between layers of wet brown paper towels and store them in a plastic container (Ex. Tupperware).
- Select a known sample of the material you want to analyze as a standard.
- Label each sample properly prior to submission to the lab.

COST: \$5 per determination. \$20 per developmental sample.

PLEASE COMPLETE ALL INFORMATION

Date: _____

Name: _____

Address: _____

Phone: _____

E-mail: _____

Check and **specify** type of material:

Grass (Latin Binomial): _____

Legume (Latin Binomial): _____

Other (Latin Binomial):*

*Complete attached sheet to list description of submitted samples.

Summarization of Samples Submitted:

Total Developmental Samples: _____

Total Samples Submitted: _____

Total Determinations Requested: _____

TOTAL COST:

Please provide all applicable Peoplesoft chartfield values:

Department ID: _____ Fund: _____ Program: _____ UFID: _____

Source (SOF): _____ Project: _____ Expiration: _____ CRIS: _____

For Internal Use Only

Date Received: _____

FL (Invoice) Number: _____

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