Proposal for Subsampling from Collections in the HBES Archive

This completed form will be forwarded to the original contributing scientist(s) and to the Information Management Sub-Committee (IMSC) for their approval.

NAME: (1)	AFFILIATION:		
	person submitting form)		(place, agency)
NAME: (2)	AFFILIATION:		
	co-investigator, advisor)		(place, agency)
ADDRESS: (1)			
E-MAIL: (1)	PHONE: (1)_()		
TYPE of Sample:	CC	DLLECTION SITE:	
	(eg. soil, tree core, water?)		(where did it come from?)
SAMPLE DATE(s): (period during which samp	les were collected)	
NAME of Original	PI: (release of samples is depe		
	pling: when will the samples be missi		
SITE of Subsamp	ling:(If not HBEF, where		
ANALYSES to be	conducted:		
(deta	ails are unnecessary unless the	y impact subsampling	METHODS, next:)
METHOD of Subs	ampling:		
(proc	edures to prevent contamination	n must be detailed and	d strictly followed)

VOLUME/WEIGHT/NUMBER required for Analyses: ______ (total removed) (in some cases needed amount may exceed allowable limits: see JUSTIFICATION statement)

This section for IMSC use in identifying samples:
CATALOG Number:
COLLECTION TITLE:
BARCODE number(s) or range:
PERCENT of current Vol/Wt/Numberfor FEW/SOME/ALL (circle one) (if value exceeds 10% of remaining sample amount a JUSTIFICATION statement will be required)
JUSTIFICATION Attached:YesNo (explain below)

PROJECT OBJECTIVE: (briefly explain purpose of study)

DATE SUBMITTED: _____

SIGNATURE below indicates that the user will comply with the policy for subsampling in a responsible manner. Original PI's signature indicates release of these samples based on adherence to the subsampling policy.

Submitted:	Date:
PI signature:	Date:
IMSC Approval:	Date: