

AIR SAMPLES TO DETERMINE ETHYLENE CONTENT

In this package are some small glass bottles and rubber stoppers. One bottle may have a stopper on it to show you how to put them on. Label the bottles with something meaningful to you and keep a record of when and where the samples were collected to refer to when you get the results. Use all five vials at once in various locations to give an accurate picture of the greenhouse or other area you are testing.

It is important that you get a good air sample in the bottle. One way to do this is to fill the bottle with water (this drives the current air in the bottle out), then pour the water out when you set the bottle in the desired location. This is particularly important if the bottles were stored in a smoky office, garage, or other setting with odors in the air. Ethylene can occur as part of air pollution. Also pay attention to time of day and temperatures. For example you may have a situation where the ethylene is produced only at night or only when it is warm.

Once you have sealed the air samples in the bottles, put them in a box, packed so they don't break and send them by any of the overnight delivery services. The quicker we get them the better. **Please call the lab (919-515-3619) at least a day ahead of sampling so that we can coordinate testing availability.** Shipments must arrive during the week, not on Saturday or Sunday. Please fill out the enclosed form and include the entire form with your shipment. Please keep a copy for your records. Send all five vials in a set at once to insure a good sampling of the air.

Ship samples to:
Plant Disease and Insect Clinic
Room 1227 Gardner Hall
100 Derieux Place
North Carolina State Univ.
Raleigh, NC 27695-7211

Cost per set of 5 vials:
In-state: \$40.00
Out-of-state: \$100.00

Enclose a check made payable to NC State University with each shipment.

For more information contact:
John Dole
Horticulture Department
Phone: (919) 513-7546
Email: john_dole@ncsu.edu

OR

Shawn Butler
Email: shawn_butler@ncsu.edu

OR

Mike Munster
Email: mike_munster@ncsu.edu

Phone: (919) 515-3619

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Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

County: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Grower Email Address: _____@_____

Country Agent Email Address: _____@_____

Plants being grown: _____

Number of **vial sets** submitted: _____ (5 vials= 1 set; Use this form for up to 3 sets):
\$40.00/set (In-state) \$100.00/set (out-of-state) Total Enclosed: \$_____

MAKE CHECKS OR MONEY ORDER PAYABLE TO:

North Carolina State University

SHIP OVERNIGHT EXPRESS TO:

Plant Disease and Insect Clinic, NC State University
Room 1227 Gardner Hall, 100 Derieux Place
Raleigh, NC 27695-7211

SET A

Vial #	Location:	Place Collected:	Date/ Time Collected:
1			
2			
3			
4			
5			

SET B

Vial #	Location:	Place Collected:	Date/ Time Collected:
1			
2			
3			
4			
5			

SET C

Vial #	Location:	Place Collected:	Date/ Time Collected:
1			
2			
3			
4			
5			

KEEP A COPY OF THIS FOR YOUR RECORDS