

## ICP-MS Sample Requisition (Academic, non-OHSU)

### Contact and Invoice Information

#### PI Information

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### Contact Information (if different)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### Invoice Contact

Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

See next page for Sample Information.

**Sample Information**

Date submitted: \_\_\_\_\_

Results need by (date, if applicable): \_\_\_\_\_

*Please check this box to verify that a list of sample IDs is included with your samples*

# of samples: \_\_\_\_\_

Elements to be determined: \_\_\_\_\_

Approximate elemental concentrations: \_\_\_\_\_

Please describe the sample(s) - i.e. liquid, solid, tissue, blood, ceramics, etc.: \_\_\_\_\_

Analysis Type (Please specify if Semiquantitative, HPLC-ICP-MS, etc.): \_\_\_\_\_

Storage of samples until measurement:

Room Temperature

Refrigerator

Freezer

-80 °C Freezer

Other: \_\_\_\_\_