

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: _____