ICP-MS Sample Requisition (OHSU)

Contact and Invoice Information

PI Information

Name: _____

Contact Information

Name:_____ **E-mail address:** _____

Invoice Information

Grant Project Number (or non-grant number): _____

Oracle Alias Number: _____

FAID Number: _____

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 ^{o}C Freezer❒

Other: _____
_____
_____