

## ICP-MS Sample Requisition (Public)

### Contact and Invoice Information

<b>Name:</b> _____	<b>Phone #:</b> _____
<b>E-mail address:</b> _____	
<b>Invoice Address:</b> _____	
_____	
_____	

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: \_\_\_\_\_