

SAMPLE SUBMITTAL FORM

Submitted by : _____ Date : _____
 Company : _____ Number of samples : _____
 Phone : _____ Fax : _____ E-mail address : _____
 PO : _____ Material / Matrix : _____ Rush Service? Yes (Additional fees apply)

ANALYSIS INFORMATION

- | | | | | | |
|--------------------------------------|--|--|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> GDMS | <input type="checkbox"/> Bulk Analysis | <input type="checkbox"/> Full Scan | | | |
| | <input type="checkbox"/> Depth Profile | <input type="checkbox"/> Partial Scan (up to 25 elements) (please specify below) | | | |
| | | <input type="checkbox"/> Single Scan (please specify below) | | | |
| <input type="checkbox"/> Li | <input type="checkbox"/> Ca | <input type="checkbox"/> As | <input type="checkbox"/> Cd | <input type="checkbox"/> Eu | <input type="checkbox"/> Os |
| <input type="checkbox"/> Be | <input type="checkbox"/> Sc | <input type="checkbox"/> Se | <input type="checkbox"/> In | <input type="checkbox"/> Gd | <input type="checkbox"/> Ir |
| <input type="checkbox"/> B | <input type="checkbox"/> Ti | <input type="checkbox"/> Br | <input type="checkbox"/> Sn | <input type="checkbox"/> Tb | <input type="checkbox"/> Pt |
| <input type="checkbox"/> C | <input type="checkbox"/> V | <input type="checkbox"/> Rb | <input type="checkbox"/> Sb | <input type="checkbox"/> Dy | <input type="checkbox"/> Au |
| <input type="checkbox"/> F | <input type="checkbox"/> Cr | <input type="checkbox"/> Sr | <input type="checkbox"/> Te | <input type="checkbox"/> Ho | <input type="checkbox"/> Hg |
| <input type="checkbox"/> Na | <input type="checkbox"/> Mn | <input type="checkbox"/> Y | <input type="checkbox"/> I | <input type="checkbox"/> Er | <input type="checkbox"/> Tl |
| <input type="checkbox"/> Mg | <input type="checkbox"/> Fe | <input type="checkbox"/> Zr | <input type="checkbox"/> Cs | <input type="checkbox"/> Tm | <input type="checkbox"/> Pb |
| <input type="checkbox"/> Al | <input type="checkbox"/> Co | <input type="checkbox"/> Nb | <input type="checkbox"/> Ba | <input type="checkbox"/> Yb | <input type="checkbox"/> Bi |
| <input type="checkbox"/> Si | <input type="checkbox"/> Ni | <input type="checkbox"/> Mo | <input type="checkbox"/> La | <input type="checkbox"/> Lu | <input type="checkbox"/> Th |
| <input type="checkbox"/> P | <input type="checkbox"/> Cu | <input type="checkbox"/> Ru | <input type="checkbox"/> Ce | <input type="checkbox"/> Hf | <input type="checkbox"/> U |
| <input type="checkbox"/> S | <input type="checkbox"/> Zn | <input type="checkbox"/> Rh | <input type="checkbox"/> Pr | <input type="checkbox"/> Ta | |
| <input type="checkbox"/> Cl | <input type="checkbox"/> Ga | <input type="checkbox"/> Pd | <input type="checkbox"/> Nd | <input type="checkbox"/> W | |
| <input type="checkbox"/> K | <input type="checkbox"/> Ge | <input type="checkbox"/> Ag | <input type="checkbox"/> Sm | <input type="checkbox"/> Re | |

- IGA H C N O S

- ICP/OES ICP/MS LA-ICP/MS

In this space, please provide any new contact information or other comments that will help us process your samples (purpose of analysis, sample identifications, lot numbers, expected contaminations, specs, etc.).

RETURN SAMPLES

FAX REPORTS

E-MAIL REPORTS