

**AGILENT 7850 INDUCTIVELY COUPLED PLASMA MASS SPECTROMETER
SAMPLE SUBMISSION FORM**

1. CLIENT INFORMATION:

Name _____

Department _____

Phone Number _____

E-mail Address _____

Academic Advisor _____

Sample Submission Date _____

Project Name or Number _____

2. SAMPLE PREPARATION:

Sample Storage at 4°C in Freezer at Room Temperature

Sample Liquid Solid

Sample requires digestion already digested does not require digestion

Matrix Description _____

Has sample been filtered? Yes No

3. METALS REQUESTED

- | | | | |
|------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Arsenic | <input type="checkbox"/> Barium | <input type="checkbox"/> Beryllium |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> Calcium | <input type="checkbox"/> Cerium | <input type="checkbox"/> Chromium |
| <input type="checkbox"/> Cobalt | <input type="checkbox"/> Copper | <input type="checkbox"/> Dysprosium | <input type="checkbox"/> Erbium |
| <input type="checkbox"/> Europium | <input type="checkbox"/> Gadolinium | <input type="checkbox"/> Gallium | <input type="checkbox"/> Gold |
| <input type="checkbox"/> Holmium | <input type="checkbox"/> Iron | <input type="checkbox"/> Iridium | <input type="checkbox"/> Lanthanum |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Lutetium | <input type="checkbox"/> Magnesium | <input type="checkbox"/> Manganese |
| <input type="checkbox"/> Mercury | <input type="checkbox"/> Neodymium | <input type="checkbox"/> Nickel | <input type="checkbox"/> Phosphorus |
| <input type="checkbox"/> Potassium | <input type="checkbox"/> Praseodymium | <input type="checkbox"/> Rubidium | <input type="checkbox"/> Samarium |
| <input type="checkbox"/> Selenium | <input type="checkbox"/> Silver | <input type="checkbox"/> Sodium | <input type="checkbox"/> Strontium |
| <input type="checkbox"/> Sulfur | <input type="checkbox"/> Tin | <input type="checkbox"/> Thallium | <input type="checkbox"/> Thorium |
| <input type="checkbox"/> Thulium | <input type="checkbox"/> Uranium | <input type="checkbox"/> Vanadium | <input type="checkbox"/> Ytterbium |
| <input type="checkbox"/> Zinc | <input type="checkbox"/> Zirconium | <input type="checkbox"/> Cesium | <input type="checkbox"/> Boron |
- Other (Discuss with Facility prior to project the ability to obtain standards, etc.)
- Multielement Scan of ~35 Elements (excludes Au, Ca, Hg, Ir, K, Na, S, Sn, P)

4. NUMBER OF SAMPLES

Set 1 _____

Set 2 _____

Set 3 _____

Set 4 _____

5. FINANCIAL INFORMATION

Billing Information _____

Billing Address _____

Account Budget Purpose Number _____

Account Name _____

Fiscal Officer _____

For analytical facility use only

Date received _____

Date completed _____

Analyzed by _____

Analytical technique(s) _____

Instrument _____

Returned or discarded samples _____

Reason for return or discard _____

Comments