

## SAMPLE SUBMITTAL FORM

Submitted by : \_\_\_\_\_ Date : \_\_\_\_\_

Company : \_\_\_\_\_ Number of samples : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail address : \_\_\_\_\_

PO : \_\_\_\_\_ Material / Matrix : \_\_\_\_\_

Rush Service? (Additional fees apply)  
 3-day  Next-day  Same-day   
 2-day

### ANALYSIS INFORMATION

<input type="checkbox"/> <b>GDMS</b>	<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"/> Be	<input type="checkbox"/> Sc	<input type="checkbox"/> Se
<input type="checkbox"/> B	<input type="checkbox"/> Ti	<input type="checkbox"/> Br
<input type="checkbox"/> F	<input type="checkbox"/> V	<input type="checkbox"/> Rb
<input type="checkbox"/> Na	<input type="checkbox"/> Cr	<input type="checkbox"/> Sr
<input type="checkbox"/> Mg	<input type="checkbox"/> Mn	<input type="checkbox"/> Y
<input type="checkbox"/> Al	<input type="checkbox"/> Fe	<input type="checkbox"/> Zr
<input type="checkbox"/> Si	<input type="checkbox"/> Co	<input type="checkbox"/> Nb
<input type="checkbox"/> P	<input type="checkbox"/> Ni	<input type="checkbox"/> Mo
<input type="checkbox"/> S	<input type="checkbox"/> Cu	<input type="checkbox"/> Ru
<input type="checkbox"/> Cl	<input type="checkbox"/> Zn	<input type="checkbox"/> Rh
<input type="checkbox"/> K	<input type="checkbox"/> Ga	<input type="checkbox"/> Pd
	<input type="checkbox"/> Ge	<input type="checkbox"/> Ag
<input type="checkbox"/> Cd	<input type="checkbox"/> In	<input type="checkbox"/> Sn
<input type="checkbox"/> Sb	<input type="checkbox"/> Te	<input type="checkbox"/> I
<input type="checkbox"/> Cs	<input type="checkbox"/> Ba	<input type="checkbox"/> La
<input type="checkbox"/> Ce	<input type="checkbox"/> La	<input type="checkbox"/> Ce
<input type="checkbox"/> Pr	<input type="checkbox"/> Nd	<input type="checkbox"/> Sm
<input type="checkbox"/> Ta	<input type="checkbox"/> W	<input type="checkbox"/> Re
<input type="checkbox"/> Eu	<input type="checkbox"/> Os	<input type="checkbox"/> Ir
<input type="checkbox"/> Gd	<input type="checkbox"/> Pt	<input type="checkbox"/> Au
<input type="checkbox"/> Tb	<input type="checkbox"/> Hg	<input type="checkbox"/> Tl
<input type="checkbox"/> Dy	<input type="checkbox"/> Pb	<input type="checkbox"/> Bi
<input type="checkbox"/> Ho	<input type="checkbox"/> Th	<input type="checkbox"/> U
<input type="checkbox"/> Er		
<input type="checkbox"/> Tm		
<input type="checkbox"/> Yb		
<input type="checkbox"/> Lu		

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