**Central Research Laboratory**

**Service of Analysis:** ICP-MS Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department & University / Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Date of sample(s) prepared** |  |
| **Number of samples** |  |
| **Sample code(s)**(*Please provide list of codes in separate if they are too many*) |  |
| **Sample description** (*tick the relevant*)1. ☐ Natural ☐ Synthetic
2. ☐ Toxic ☐ Non-toxic
3. ☐ Organic ☐ Inorganic ☐Other

*Please provide other detail (if possible)* |  |
| **Sample Volume** (Provided to ICP-MS laboratory) |  |
| Appearance of the sample solution *(clear / turbid / suspension etc.)* |  |
| pH of the sample solution |  |
| Content & matrix detail *Chemical composition (if possible)* |  |
| Analyte’s of interest in preference order (*from left to right*) |  |
| Expected concentration range for each analyte of interest |  |
| Sample preparation procedure |  |
| Dilution Factor  |  |
| Results and Reporting1. Report Format:

☐ word ☐ Excel ☐ PDF1. Preferred Delivery Method:

 ☐ Email ☐ Printed copy (b & w) |  |

* Make sure that the sample is not explosive, radioactive, or bio- hazardous.
* The sample must be free from any impurities which can destroy or damage the instrument.
* Please provide complete detail of sample and its preparation method for useful analysis result.
* Please attach the original analysis fee proof (Bank Challan or a Pay order / DD in favor of Treasurer, University of Sargodha).
* We are accepting samples only in solution form currently.

Signature & Stamp of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

Sample Receiving Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diary Number: SU/CRL/\_\_\_\_\_\_\_\_\_\_

Analysis Performed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Amount Received: Rs \_\_\_\_\_\_\_\_

Mode of Payment: Bank Challan Pay Order DD

Bank Challan / Pay Order / DD Number (Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( / / )

**Expert**