

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) <i>(Please provide list of codes in separate if they are too many)</i>	
Sample description <i>(tick the relevant)</i> 1- <input type="checkbox"/> Natural <input type="checkbox"/> Synthetic 2- <input type="checkbox"/> Toxic <input type="checkbox"/> Non-toxic 3- <input type="checkbox"/> Organic <input type="checkbox"/> Inorganic <input type="checkbox"/> Other <i>Please provide other detail (if possible)</i>	
Sample Volume <i>(Provided to ICP-MS laboratory)</i>	
Appearance of the sample solution <i>(clear / turbid / suspension etc.)</i>	
pH of the sample solution	
Content & matrix detail <i>Chemical composition (if possible)</i>	
Analyte's of interest in preference order <i>(from left to right)</i>	
Expected concentration range for each analyte of interest	
Sample preparation procedure	
Dilution Factor	
Results and Reporting 1. Report Format: <input type="checkbox"/> word <input type="checkbox"/> Excel <input type="checkbox"/> PDF 2. Preferred Delivery Method: <input type="checkbox"/> Email <input type="checkbox"/> 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