

Metal Analysis (ICP) Request Form

Date: _____

SUBMITTED BY

Name: _____

E-mail address: _____

Direct Tel. No.: _____

Supervisor: _____

Lab Number: _____

 School/Centre: *Tick all that apply.*

-
- Queen's University Belfast
-
-
- School of Chemistry and Chemical Engineering
-
-
- Other School _____

-
- External
-
-
- Almac
-
- Radox
-
-
- GLT
-
- Other _____
-
-
- MOF

Individual Category:

-
- Undergraduate Practical/Project
-
-
- Masters
-
-
- Post-graduate
-
-
- Postdoctoral
-
-
- Staff
-
-
- Other _____

DETAILS OF SAMPLE(S)

Type of Sample(s)

-
- Inorganic
-
-
- Ionic Liquid
-
-
- Organic

Previously submitted:












-
- Yes
-
- No. of Times _____
-
-
- No

 Physical State(s):

| | Sample(s) (Maximum of 3) | | |
|--------------------------------|--------------------------|---|---|
| | 1 | 2 | 3 |
| Sample Code | | | |
| Mol. Formula | | | |
| Target Analyte | | | |
| Expected Analyte Concentration | | | |

Additional Information: (e.g. Hygroscopic) _____

SAFETY (Tick all that Apply) ASEP reserve the right to refuse to test samples if they pose a risk to our staff. The request may be forwarded to your supervisor.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |  |  |  |  |
| Health Hazard | Toxic | Corrosive | Irritant | Flammable | Oxidising | Explosive | Compressed Gas | Dangerous for the environment | Biological | Radioactive |
| | | | | | | | | | | |

Additional Safety Controls: _____

CHECKLIST If you are not able to CHECK all of the boxes below, please speak to a member of ASEP BEFORE submitting your sample.

-
- Sample(s) submitted in screw top vials
-
-
- A maximum of 3 samples have been submitted
-
-
- 50 – 100 mg of sample has been provided
-
-
- All relevant information has been provided in this form

EXPERIMENTAL DETAILS

Does the sample contain:

-
- Fluoride
-
-
- Perchlorate

Has the sample been diluted?

-
- Yes
-
- If yes, state the factor diluted by. _____
-
-
- No

RESULTS (To be completed by the analyst)

| Sample Number | 1 | 2 | 3 |
|---------------------|-------|-------|-------|
| Laboratory Ref. No. | | | |
| Results Returned | Y / N | Y / N | Y / N |

Comments: _____

Analyst: _____ Date: _____