

REQUEST FOR INORGANIC SAMPLE ANALYSIS

Mass Spectrometry Laboratory
Department of Chemistry & Biochemistry
University of South Carolina
GSRC, Room 108
(803) 777-7765

Number: _____
Date: _____
Files: _____
Instrument: _____

Do not write above this line

Submitter's Name: _____

Date: _____

Professor/Grant #: _____

Phone: _____

Sample Name: _____

Email: _____

Description of Sample Matrix:

Desired Sample Prep:

Metals to be analyzed:

Handling and Safety Information:

Storage:

Use the space below or back of form to describe nature of the problem and information desired. Consult with operators for advice.