



Sathyabama University

Centre for Ocean Research



Requisition form for ICP-MS

USER INFORMATION

Name : _____ Date: _____

Designation : _____

Department : _____

Name of University/Institution/Industries : _____

Email ID & Contact Number : _____

Number of samples : _____

Sample code : _____

Number of Elements to be analyzed : _____

Total Amount : _____

Purpose of Sample requirement is measured : _____

Note:

1. Concentration of elements should be in ppb range. Please ensure this through AAS analysis. This is used to protect the MS detector and please mention all elements present in the sample.
2. Method blanks should always be included in submitted sample set. Also indicate the concentration range.
3. Solution ICP-MS analysis requires the introduction of dilute solutions with total dissolved solids (TDS) less than 0.1%. All solutions must be filtered (through a 0.45 μ filter paper) and free of particulates.

Signature of the Guide/Head

Signature of the User

For office use

Bill Number : _____

Date of receipt of Sample : _____

Scheduled Date of sample Analysis : _____

Researcher In-charge for sample Analysis : _____

Signature of Head of the Department

Forwarded by Vice Chancellor