Date: .....

ATOMIC ABSORPTION SPECTROMETRY

AAS

Name of sample/s: .....

Analyzed element: .....

Number of measurements for samples: .....

Number of measurements for standard: .....

Total number of analyses: .....

Ordering person: ☐ Employee UMK, ☐ PhD student, ☐ Student

Name and surname .....

E-mail address .....

Telephone number .....

Supervisor .....

Department: .....

Payment: ☐ PDB ☐ Grant No.: ..... ☐ Other .....

Disponent of payment:

Name and surname .....

Signature .....

<u>Caution:</u> The order with missing informations will be rejected!