

Date: .....

## ICP-MS

Name of sample/s: .....

Type of compound: .....

Total concentration (entire matrix) in aqueous solution: ..... %

### Analyzed elements:

| Element             |  |  |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|--|--|
| Concentration level |  |  |  |  |  |  |  |  |

Other elements in the matrix:

| Element             |  |  |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|--|--|
| Concentration level |  |  |  |  |  |  |  |  |

Was the sample acidified with 1% nitric acid?  yes  no

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 .....

**Caution: The order with missing informations will be rejected!**