**ICP Analysis Description Form**

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**CONTACT DETAILS (To be filled in by the user)**

**Date**: Click here to enter a date.

**Contact Name**: Click here to enter text.

**Contact Tel**: Click here to enter text.

**Contact Email**: Click here to enter text.

**Department:** Click here to enter text.

**Institution**: Click here to enter text.

**Supervisor name**:Click here to enter text.

**Supervisor Email**: Click here to enter text.

**SAMPLE DESCRIPTION (To be filled in by the user)**

**Number of samples:** Click here to enter text.

**Sample type**: Choose an item.

**If the samples are liquid, specify sample matrix**:

|  |
| --- |
| Click here to enter text. |

**Elements required**: Click here to enter text.

**Expected range of concentration**: Click here to enter text.

**Do you want your samples back after analysis?** Choose an item.

**ADDITIONAL INFORMATION (Fill in if necessary)**

Describe below any relevant additional information about your sample (e.g. sample type if not on the above list, etc):

|  |
| --- |
| Click here to enter text. |

**ANALYSIS INFORMATION (To be filled by ICP analyst)**

**Date**:

**Job number**:

**ITO/PO number**:

**Total cost**: £

**Sample treatment**: [ ] As received [ ]  Sample dilution [ ] TMAH dilution [ ] Pellet HNO3 [ ] Cold HNO3 [ ] Hot HNO3 [ ] Aqua Regia [ ] Aqua Regia/HF [ ] H2SO4/HF

 [ ] HNO3/HClO4 [ ] Ash / Digestion

**Instrument**: [ ] ICP-EMISSION [ ] ICP-MS [ ] ICP-MS/Laser ablation

**Analyst signature**: