

ICPMS ANALYSIS REQUEST FORM

CHEMICAL DEPARTMENT

FKTK UNIMAP

For Office Use Only

Job No : _____

Date Received : _____

Date of Analysis : _____

Applicant Information	Sample Information
Name:	Total of Sample:
Address/Faculty:	Sample Properties:
Status: FYP / MsC / pHD	
Contact No:	
Supervisor Name:	
Payment Method: Online Transfer/Grant Transfer/FOC	Sample: Pure / Diluted / Digested

Details of Analysis

Sample ID	Trace metals	
		STD2: Ce,Dy,Er,Eu,Gd,Ho,
		La,Lu,Nd,Pr,Sc,Sm,Tb,Th
		Tm,Y,YB
		STD3:
		Ag,Al,As,Ba,Be,Bi,Ca,Cd,
		Co,Cr,Cs,Cu,Fe,Ga,In,K,
		Li,Mg,Mn,Na,Ni,Pb,Rb,Se,
		Sr,Tl,U,V,Zn
		STD 4:
		Au,Hf,Ir,Pd,Pt,Rh,Ru,Sb,Sn,
		STD 5: B,Ge,Mo,Nb,P,Re,
		S,Si,Ta,Ti,W,Zr
_____ Applicant/Student Signature	_____ Supervisor Signature Official stamp	Approved By: