



Robertson Microlit Laboratories

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USP <232/233> ANALYSIS REQUEST

Sample ID#		Date:		M.P.
OVER FOR ADDITIONAL SAMPLES <input type="checkbox"/>				
Requester:		Emp. Form		M.W.
Company:		All Elements Present (REQUIRED)		
Address:				
		Remarks		
Email:				
Phone #:				
PO# OR CREDIT CARD INFO: (REQUIRED)				
Four Required Elements		Specification Limit	RML Use Only	LIST KNOWN HAZARDS and/or SAMPLE HANDLING PRECAUTIONS (Samples WILL NOT be accepted if this section is left blank)
As				
Cd				
Hg				
Pb				
Remainder of Table 1 Elements	Check if analysis required			Standard <input type="checkbox"/> Rush* <input type="checkbox"/> Priority Rush* <input type="checkbox"/> cGMP* Yes <input type="checkbox"/> No <input type="checkbox"/> Replicates Single <input type="checkbox"/> Duplicate* <input type="checkbox"/> Replicate #* ____ *additional surcharge required
Ir				
Os				
Pd				Additional Elements
Pt				Specification Limit
Rh				RML Use Only
Ru				
Cr				
Mo				
Ni				
V				
Cu				



Four Required Elements

Remainder of Table 1 Elements

Additional Elements

SAMPLE ID#

As

Cd

Hg

Pb

Ir

Os

Pd

Pt

Rh

Ru

Cr

Mo

Ni

V

Cu

Spec.
Lim

RML
Use
Only

Spec.
Lim

RML
Use
Only

Spec.
Lim

RML
Use
Only

Spec.
Lim

RML
Use
Only

Spec.
Lim

RML
Use
Only

Spec.
Lim

RML
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Spec.
Lim

RML
Use
Only