

To complete the GC-MS/GC-FID Analysis Request form, please do the following:

- ❖ Enter your Sample ID# and ensure that it matches the Sample ID# on your sample vial.
- ❖ Include your name (Requester), company name and address, and email address; *it is essential that you complete this information for correct and timely reporting of your results.*
- ❖ Please include a phone number for contact in the event our analyst has specific questions that may be best answered via a phone conversation rather than a brief email.
- ❖ **You MUST** enter information about the **known hazards and/or sample handling precautions** of your sample(s). Your samples will not be processed without this information.
- ❖ Include either a Purchase Order # (PO#) or credit card information; we cannot process samples for analysis without payment information.
- ❖ Provide the analytes/solvents requested in the appropriate sections.
- ❖ Include specific information about your sample (Empirical Formula, Boiling Point, Special Storage Conditions) in the appropriate sections.
- ❖ If applicable, include a specific method or RML AP# that applies to your requested analysis. Otherwise, include information regarding the chromatographic analysis conditions in the space provided.
- ❖ Please provide any additional information, analysis, or handling instructions regarding your sample(s) in the **Remarks** section.
- ❖ Choose any additional services required from the checkbox list (default options are automatically selected on the form).
- ❖ The completed Analysis Request form **MUST** be included with your sample submission.

*Please contact us with any questions you may have when completing the form. **Delays in processing your samples may occur with incomplete or incorrect information.***

GC-MS/GC-FID ANALYSIS REQUEST

Sample ID:		Date:	
Requester:		Email:	
Company:		Phone #:	
Address:			
PO# OR CREDIT CARD INFO: (REQUIRED)			
ANALYTES and/or SOLVENTS Requested	RML Use Only	Emp. Form.	
		B.P.	°C @ mm Hg
		Special Storage Conditions:	
		RML Use Only	
TYPE OF ANALYSIS REQUESTED			
cGMP: <input type="checkbox"/> Yes * <input type="checkbox"/> No cGMP Raw Data * <input type="checkbox"/>			
*additional charges apply			
<input type="checkbox"/> Unknown Scan (by GC-MS only) <input type="checkbox"/> Unknown Scan and Quantitation (% or ppm) (by GC-MS only) <input type="checkbox"/> Quantitative Analysis (% or ppm)			
<input type="checkbox"/> USP<467> Residual solvents by GC-FID Soluble In: _____ <input type="checkbox"/> In-house Residual solvents			
<input type="checkbox"/> GC-MS <input type="checkbox"/> GC-FID			
If Quantitation, indicate expected range and/or lower limit: _____			
OPTIONS <input type="checkbox"/> Headspace <input type="checkbox"/> Direct Injection Column Type: _____			
Current Analytical Method Available: RML AP#: _____ <input type="checkbox"/> Other (please attach method) <input type="checkbox"/> NO			
Remarks:	LIST KNOWN HAZARDS and/or SAMPLE HANDLING PRECAUTIONS (Samples WILL NOT be accepted if this section is left blank)		