

To complete the USP <232/233> Analysis Request form, please do the following:

- ❖ Enter your Sample ID# and ensure that it matches the Sample ID# on your sample vial; please use Page 2 for additional sample being submitted in the same manner as page 1.
- ❖ 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.
- ❖ Please provide the empirical formula and/or a list of all elements present in your sample so our analyst can appropriately prep the sample and account for any potential interferences in the requested analysis.
- ❖ **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.
- ❖ Choose your required service level (Standard, Rush, or Priority Rush); be aware that additional charges apply for non-standard service. Note that Rush and Priority Rush services **MUST** be scheduled and confirmed by our laboratory to ensure we can accommodate your request.
- ❖ Check off the element(s) you wish to have analyzed, and include the Specification Limit (USP limits will be assumed if no limit is indicated).
- ❖ If applicable, include a specific method or RML AP# that applies to your requested analysis.
- ❖ Please provide any additional information 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.***



# Robertson Microlit

## LABORATORIES

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### USP <232/233> ANALYSIS REQUEST

Sample ID#					Date:		
OVER FOR ADDITIONAL SAMPLES <input type="checkbox"/>							
Requester:				Email:			
Company:							
Address:				Phone #:			
				Remarks:			
All Elements Present (REQUIRED)							
PO# OR CREDIT CARD INFO: (REQUIRED)							
Element	Class	X to analyze	Spec. Limit	RML Use Only	LIST KNOWN HAZARDS and/or SAMPLE HANDLING PRECAUTIONS (Samples WILL NOT be accepted if this section is left blank)		
As	1						
Cd	1						
Hg	1						
Pb	1						
Co	2A						
V	2A				Method or AP#:		
Ni	2A				Standard <input type="checkbox"/> Rush* <input type="checkbox"/> Priority Rush* <input type="checkbox"/>		
Tl	2B				cGMP * <input type="checkbox"/> Yes <input type="checkbox"/> No		
Au	2B				cGMP Raw Data * <input type="checkbox"/>		
Pd	2B				Replicates		
Ir	2B				Single <input type="checkbox"/> Duplicate * <input type="checkbox"/> Replicate #* ____		
Os	2B				*additional charges apply		
Rh	2B						
Ru	2B						
Se	2B						
Ag	2B						
Pt	2B						
Li	3						
Sb	3						
Ba	3						
Mo	3						
Cu	3						
Sn	3						
Cr	3						

USP <232/233> ANALYSIS REQUEST Additional Samples

Element	Class	X to analyze	Sample ID:	Sample ID:	Sample ID:	Sample ID:
As	1					
Cd	1					
Hg	1					
Pb	1					
Co	2A					
V	2A					
Ni	2A					
Tl	2B					
Au	2B					
Pd	2B					
Ir	2B					
Os	2B					
Rh	2B					
Ru	2B					
Se	2B					
Ag	2B					
Pt	2B					
Li	3					
Sb	3					
Ba	3					
Mo	3					
Cu	3					
Sn	3					
Cr	3					