Robertson Microlit
LABORATORIES

1705 US Highway 46, Suite 1D
Ledgewood, NJ 07852
(973) 966-6668
results@robertson-microlit.com
www.robertson-microlit.com

To complete this 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.

❖ The **Analysis Requested** section must include ALL testing you are requesting for your sample submissions (e.g., CHN, Pb by ICP-MS, KF, Mg by ICP-OES, etc.). We cannot perform testing that is not requested in writing.

❖ If applicable, include a specific method or RML AP# that applies to your requested analysis.

❖ Immediately below **Method or AP#**, provide the expected or approximate range or value for any of the analyses you are requesting.

❖ 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.***

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◆ Where speed and accuracy are elemental ◆

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ANALYSIS REQUEST

Sample ID# **OVER FOR ADDITIONAL SAMPLES** ☐	Date:

Requester:	Email:
Company:	
Address:	Phone #:
	Remarks:
Empirical Formula or All Elements Present **(REQUIRED)**	

PO# OR CREDIT CARD INFO: **(REQUIRED)**

Analyses Requested (REQUIRED)

Standard ☐	Rush* ☐	Priority Rush* ☐

cGMP *	Yes ☐	No ☐
cGMP Raw Data *		☐
Dry to Constant Weight * Drying Conditions:	Yes ☐	No ☐
Optimum Combustion Conditions *	Yes ☐	No ☐
Glove Box Handling *	Yes ☐	No ☐

Method or AP#

Element Theory or Range	RML Use Only	RML Use Only
%C		
%H		
%N		
Element _____ Range _____ ☐ % ☐ ppm ☐ ppb		
Element _____ Range _____ ☐ % ☐ ppm ☐ ppb		
Element _____ Range _____ ☐ % ☐ ppm ☐ ppb		
Element _____ Range _____ ☐ % ☐ ppm ☐ ppb		
Element _____ Range _____ ☐ % ☐ ppm ☐ ppb		
KF		

Replicates

Single ☐   Duplicate * ☐   Replicate #* ____

Duplicate if not in range *	☐
If not in range / DCW *	☐
If not in range do KF *	☐

*additional charges apply

LIST KNOWN HAZARDS and/or SAMPLE HANDLING PRECAUTIONS
(Samples WILL NOT be accepted if this section is left blank)

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ELEMENTS REQUESTED FOR ANALYSIS

SAMPLE ID#		%C	%H	%N	ELEMENT [ ] % [ ] ppm [ ] ppb	ELEMENT [ ] % [ ] ppm [ ] ppb	ELEMENT [ ] % [ ] ppm [ ] ppb	ELEMENT [ ] % [ ] ppm [ ] ppb	ELEMENT [ ] % [ ] ppm [ ] ppb	KF	OTHER ELEMENTS PRESENT OR EMP. FORM	G L O V E	D C W	O C O M B	S	D	D N R	D N R / D C W	REMARKS
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