



**Center for Applied  
Isotope Studies**  
**UNIVERSITY OF GEORGIA**

**Plasma Chemistry Laboratory**

[cais.uga.edu/facilities/plasma-chemistry-laboratory](http://cais.uga.edu/facilities/plasma-chemistry-laboratory)

CAIS USE ONLY

CAIS Invoice No. \_\_\_\_\_  
Sales Order No. \_\_\_\_\_  
PCL Nos. \_\_\_\_\_  
Date Received \_\_\_\_\_  
Date Analyzed \_\_\_\_\_

**CAIS does not provide analytical services for private individuals.  
Please contact us prior to submitting your samples.**

Please **COMPLETE**, **PRINT**, and **ENCLOSE** a copy of this form with your samples.

**CAIS Plasma Chemistry Laboratory**  
**University of Georgia**  
**120 Riverbend Road**  
**Athens, GA 30602-4695**

**Phone: 706-542-4338**  
**Fax: 706-542-6106**  
**Email: [icpms@uga.edu](mailto:icpms@uga.edu)**

**SUBMITTER INFORMATION- Report will be sent to:**

Name		Email	
Organization			
Department			
Street Address			
City & Country	State	Zip	
Telephone	Fax		
PI	Email		

**BILLING INFORMATION- Invoice will be sent to:**

Name		Email	
Org. & Dept.			
Street Address			
City & Country	State	Zip	
PO No. (send copy)	Quote No.		
UGA: Speed Type			

**IMPORTANT INFORMATION**

Samples **CANNOT** be submitted in concentrated acid. 2% HNO<sub>3</sub> or 5 % HCl preferred. If samples are **NOT** in 2% HNO<sub>3</sub>, the matrix **MUST** be identified. If your sample contains **ANY** organic solvent, urea, or HF, you **MUST** contact our lab prior to submission. Radioactive and/or infectious materials **CANNOT** be submitted.

I have read the above and confirm that my samples comply with these regulations (check):

**ANALYSIS REQUESTED (Check all that apply)**

<input type="checkbox"/>	Hg (DMA)	<input type="checkbox"/>	Digestion or leaching	<input type="checkbox"/>	Dilution
<input type="checkbox"/>	ICP-OES	<input type="checkbox"/>	Freeze-drying	<input type="checkbox"/>	Drying
<input type="checkbox"/>	ICP-MS	<input type="checkbox"/>	Grinding/milling	<input type="checkbox"/>	Sieving
<input type="checkbox"/>	<sup>86</sup> Sr/ <sup>87</sup> Sr (MC-ICP-MS)	<input type="checkbox"/>	Water (total dissolved)		
<input type="checkbox"/>	<sup>204</sup> Pb/ <sup>206</sup> Pb/ <sup>207</sup> Pb/ <sup>208</sup> Pb (MC-ICP-MS)	<input type="checkbox"/>	Water (total recoverable)		
<input type="checkbox"/>		<input type="checkbox"/>	Rush ( <b>WITH PRIOR APPROVAL ONLY</b> )		

**SAMPLE INFORMATION (Email and/or attach spreadsheet for additional samples or complicated details)**

Sample Context:

Elements Requested:

Special Requests or Processing:

Additional Comments:

<u>Sample ID</u>	<u>Material Type</u> (e.g., soil, water, cells, organ, bone, metal, salt, nanomaterial, protein, plant, etc.)	<u>Matrix Type</u> (e.g., buffer, water, 2% HNO <sub>3</sub> , 5% HCl, 5% aqua regia)	<u>Potential Contaminants</u> (e.g., Ag, Sn, In, Y, Rh, etc.)	<u>Other Information</u> (e.g., for cell pellets, please provide pellet weights)

**SAMPLE DISPOSITION: Samples will be destroyed/disposed after 90 days unless otherwise requested (Check one)**

<input type="checkbox"/> Dispose	<input type="checkbox"/> Return to Submitter	<input type="checkbox"/> Other: _____
Courier	Account No.	
Name, shipping address, phone no. (if different from submitter)		