

Agilent 7850 ICP-MS Laboratory Analytical Services Request Form

Date				
Principal Investigator Name and Department/ Organization/Company Name				
Email Address				
Phone Number				
Contract Service Agreement in Place (Y/N)				
Sample Description Confirm if single (1x) or duplicate (2x) injections per sample are required				
Payment Method: For UM provide FOAP For external pay via wire transfer or cheque				
Signature of the PI (for UM) Signature of the requester (external)				
Return samples after analysis (Y/N)?				
Requested Service				
Element Testing	Cost per Sample Injection		Element(s) to be Tested	Number of Sample Injections**
Single Element*	UM rate	External rate		
	\$15.00	\$21.00		
Element Testing Extraction and Injection	Cost per Sample Extraction and Injection		Element(s) to be Tested	Number of Sample Extractions and Injections**
Single Element*	UM rate	External rate		
	\$30.00	\$42.00		

*in some cases, additional element(s) may be tested using same method and injection;
contact RCFTR for details. **if convenient provide sample listing in separate excel file.

Please submit form to atanas.karamanov@umanitoba.ca and cc
michael.janzen@umanitoba.ca

Drop off clearly labeled samples to RCFTR room 120 (directly across front desk)

Office Use Only	Amount (\$)
Total injection only charges	
Total extraction and injection charges	
Other charges/comments	
TOTAL CAD \$	
Initials and date of submission (to process an entry or to generate an Invoice)	Date: