



Robertson Microlit Laboratories

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GC-MS/ GC-FID ANALYSIS REQUEST

Sample ID:	Date:	
Requester Name:	Email:	
Company:	Phone #:	
Address:		
PO# OR CREDIT CARD INFO: (REQUIRED)		
All Elements Present	Emp.Form.	M.P. °C
Molecular weight	B.P. °C @	mm Hg
Is the sample volatile? <input type="checkbox"/> YES <input type="checkbox"/> NO	Soluble in:	
Is the sample in a solvent? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of sample: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid	
Solvent: Concentration: mg/ml	Sample Purity: <input type="checkbox"/> crude <input type="checkbox"/> semi-pure <input type="checkbox"/> pure	
Neat Liquid: ml provided	Specify Impurities:	
Neat Solid: mg provided		
Suitable Solvents:	Special Storage Conditions:	
TYPE OF ANALYSIS REQUESTED		
cGMP: <input type="checkbox"/> No <input type="checkbox"/> Yes (additional surcharge required)		
<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"/> GC-MS <input type="checkbox"/> GC-FID	<input type="checkbox"/> GC-MS <input type="checkbox"/> GC-FID
<input type="checkbox"/> USP<467> Residual solvents	List analytes _____	
<input type="checkbox"/> In-house Residual solvents	_____	
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 <input type="checkbox"/> YES (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)	

NOTE: If repeat analyses are required due to lack of information, extra charges may apply.