



Robertson Microlit Laboratories

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USP <233> REQUEST

Sample ID#		Date:		M.P.		
OVER FOR ADDITIONAL SAMPLES <input type="checkbox"/>						
Requester:		Emp. Form		M.W.		
Company:		All Elements Present (REQUIRED)				
Address:						
		Remarks				
Email:						
Phone #:						
PO# OR CREDIT CARD INFO: (REQUIRED)						
Four Required Elements		Required Detection Limit	RML Use Only	Standard <input type="checkbox"/>	Rush* <input type="checkbox"/>	Priority Rush* <input type="checkbox"/>
				*additional surcharge required		
As						
Cd				cGMP (+35% surcharge)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hg						
Pb				Single Analysis	<input type="checkbox"/>	
Remainder of Table 1 Elements	Check if analysis required			Duplicate Analysis	<input type="checkbox"/>	
Ir				Duplicate if not in range	<input type="checkbox"/>	
Os						
Pd				Additional Elements	Required Detection Limit	RML Use Only
Pt						
Rh						
Ru						
Cr						
Mo						
Ni						
V						
Cu						



Four Required Elements

Remainder of Table 1 Elements

Additional Elements

SAMPLE ID#

As

Cd

Hg

Pb

Ir

Os

Pd

Pt

Rh

Ru

Cr

Mo

Ni

V

Cu

Req.
Det.
Lim

RML
Use
Only

Req.
Det.
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