

## Instructions for CSL's Sample Submittal Form

### ANALYTICAL REPORT INFORMATION

Fill in all fields with the appropriate requested information. Provide the name of the person that should be listed on the analytical report in the Report Contact field. Enter the Purchase Order # associated with this submission, if applicable.

### INVOICING INFORMATION

Enter the information of the person and company responsible for processing the invoice from Chemical Solutions Ltd.

### SAMPLE SUBMISSION INFORMATION

#### **MATRIX**

Please select what type of sample you are submitting. Only one type of sample should be submitted per form.

#### **TURNAROUND**

Please indicate the desired number of business days for sample results to be transmitted to you. CSL's standard turnaround time is 5 business days, not counting the day the sample is received. Rush testing is available. If you are seeking a rush turnaround time, it is best practice to contact Chemical Solutions Ltd. before the sample is shipped to be sure the request can be accommodated.

#### **ATTACHMENTS**

Please indicate whether there are any additional sheets accompanying the Sample Submittal Form.

#### **OTHER QUESTIONS**

Please answer the remaining questions in this section, as they are required for submission.

### SAMPLE INFORMATION

#### **SAMPLE DESCRIPTION**

All pertinent information needed for reference on the analytical report should be entered in this field. This may include, but is not limited to, the product name, the product number, etc.

#### **LOT/BATCH#**

If applicable, please enter the lot or batch number for the sample(s). This information will be displayed on the analytical report.

#### **SERVING SIZE**

The serving size is generally the recommended daily dose as indicated on the product label. Do **not** enter the amount of sample sent, unless you want that amount to be treated as a serving size. Results will be reported per serving, unless directed otherwise.

#### **ELEMENT**

Please enter the element or compound to be tested. It is best practice to use one element per line when target levels/specifications are provided. Multiple lines of text are able to be used per sample with this form.

#### **METHOD**

CSL specializes in ICP-MS and ICP-OES methods. If you are unsure of the method, please leave this field blank. Our laboratory personnel will use their best judgement in choosing the correct method for the sample based upon the nature of the sample and the testing requested.

#### **MIN REPORT LEVEL (PQL)**

Enter the desired minimum quantitation level for the element along with the associated units (e.g., 0.01ppm, 5ppb). If we are unable to fulfill your PQL request, you will be contacted by a member of our laboratory staff.

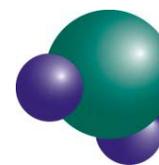
#### **TARGET LEVELS/ SPECIFICATION**

The anticipated values for the element tested with the associated units (e.g., 20-15%, < 0.5 ppm, <5 ug/unit, <5 ug/serving). The values included in this section are considered target levels unless specifically indicated as specifications. This indication may be done with the checkboxes in the heading of this column.

#### **REPORTING UNITS**

Acceptable reporting units are as follows:

ppm, ppb, ug/g, mg/g, ug/serving, ug/unit, etc.



**chemical solutions Ltd.**  
*trace elemental analysis*

#### **MAILING ADDRESS**

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**EMAIL [sample@chemicalsolutionsltd.com](mailto:sample@chemicalsolutionsltd.com)**

#### **CERTIFICATIONS AND ACCREDITATIONS**

FDA Registered and Audited	ISO 17025
NELAC	PA Department of Environmental Agency
MD Department of the Environment	DEA Registration No. #RC0470031
USDA	Consumer Products

**IF YOU HAVE ANY QUESTIONS, JUST GIVE US A CALL! WE'LL BE MORE THAN HAPPY TO HELP YOU WITH YOUR SAMPLE SUBMISSION.**