

ICP-MS/LA-ICP-MS PROJECT FORM

This form should be filled out at least **one week** before beginning a new project. The intention is to schedule the instrument usage time, as well as to keep track of all the materials that are introduced to the ICP-MS.

1. User ID

Speed Code & Account number _____

Signature of Supervisor for Project Approval _____

Date Submitted		Name	
E-mail		Phone number	
Department		Supervisor (if applicable)	
Number of samples		Training required? Y/N	
Institution/Dept (if other than U of A, EAS)			

2. Projects

Basic description (soil, rock, water, thin section, minerals etc) _____

Analytes _____

2.1 LA-ICP-MS

2.1.1 Geochronology _____

2.1.2 Trace element concentration analysis _____

2.1.3 Mapping for trace elements _____

2.2 Laser ablation cutting _____

2.3 Solution ICP-MS _____

3. For solution work only

3.1 Expected range of analyte concentrations prior to dilution _____

3.2 Dissolution required? (Y/N) _____ Dilution Required? (Y/N) _____

4. DO NOT FILL- For manager's use only

Starting time _____ End Time: _____ Total Hours: _____