ACL Analytical Request
Analytical Chemistry Laboratory at Argonne National Laboratory

Submitted by:		Division:	Date:
Cost Code:		Authorization:	
E-mail:		Building:	Phone:

Report Results To:	E-mail:	Division:

Description of Analytical Service Needed:		Submitter's Sample ID	ACL Sample ID

Description of Analytical Service Needed:
(i.e. analysis methods, analytes of interest, project support)

Quality Requirements:
(i.e. detection limits, accuracy, regulatory holding times or data packages)

Sample Description and Sample Origin:
(i.e. general sample composition, approximate concentration of analytes)

Potential Heath Hazard or Special Handling Required?

☐ Yes -- Provide Details

Submitter's Sample ID	ACL Sample ID

Radioactivity:
☐ Yes
☐ No
☐ Suspect

Type:
☐ Dispersible
☐ Nondispersible
☐ Loose in Package

Level (specify units):

Alpha: _____

Beta: _____

Gamma: _____

Notes:

Suspect Radionuclides: