

Heavy Metals Standard Suite Submission Form

Customer Name					Email Report to					Cawthron Labs		
Address					Copy to					Sample Recepti 98 Halifax St Ea		
Reference					Email Invoice to					Nelson 7010 Ph: 03 548 2839)	
Order No.					Contact Name/Phone						cawthron.org.nz	
Testing Priority:	Routine	High	URGENT		Contact samples@cawthro	on.org.nz before	submitting urgent te	sting to discu	ıss time	eframes and surc	harges	
							For each meetal va					
						For each metal required please tick (Record specifications if required)					Total Heavy	
						Arsenic	Cadmium	Lead		Mercury (Metal Suite (As Cd Hg Pb) SR: Add test ICPMS_HM_S + ICPMS_BIOLS (if not already	
Sample Id / Batch Number	Sample Description			Sample Type	(ICP_AS)	(ICP_CD)	(ICP_PB)		(ICP_HG)	added) Tick if required		
IMPORTANT – If sam			-									
If Sample is a Capsule:	Analyse whole capsule? (Select) Analyse contents only? (Select)			erage capsule fill weight (Enter below)		If Sample is a Tablet:		Average tablet weight (Enter below)				
	Allalyse Co	ontents only : (Select)									
Additional Analysis/ Specifications/ Further Information							Lab Use Only		Rec	Received at Cawthron		
IMPORTANT: If testing is a regulatory compliance requirement, please indicate which market(s) or notice, this relates to below.								Test List: METALS_ICPMS_PPM or METALS_IMPMS_MG_KG Template = GMP				
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NB: 50 grams of sample is required to perform these analyses. Turnaround time of 5-7 working days