

Analysis Request Form

Client Information

Name:
Address:
Agency/Company:
Phone:
Fax:
Email:

Billing Information

Name:
Address:
Agency/Company:
Phone:
Fax:
Email:

Number of Samples

Date

Payment Options (Invoice via e-mail)

Credit card Check

(call with details of credit card to be used: number, expiration date, and security index)

Data Receipt

Email Fax

Services/Analyses Requested (check appropriate option/s)

Algal Identification/Enumeration (ID/E)

- Qualitative Algal Identification
- PTOX Cyanobacteria ID/E
- Total Cyanobacteria ID/E
- Total Algae ID/E
- Total Algae ID/E with Biovolume Estimates

Algal Toxins

- Microcystins
- Cylindrospermopsin
- Saxitoxin
- Anatoxin-a
- Lyngbyatoxin-a
- Aplysiatoxin
- Debromoaplysiatoxin
- BMAA *
- Okadaic Acid
- Domoic Acid

Method

- ELISA LC/MS
- ELISA LC/MS/MS
- ELISA LC/MS/MS
- LC/MS/MS
- LC/MS/MS
- LC/MS
- LC/MS
- LC/MS
- ELISA
- ELISA

Additional Comments/Requests:

* Matrix dependant (call for details)

