



**DSF**

**DEPARTMENT OF PHARMACEUTICAL AND PHARMACOLOGICAL SCIENCES**

[Technical Services and Scientific Equipments](https://www.dsfarm.unipd.it/ricerca/technical-services-and-scientific-equipments)

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| **ATOMIC ABSORPTION REQUEST FORM** | | |
| **For proper atomic absorption the samples should be mineralizated in acid solution with HNO3, and the samples rate should be at least 700 µL for Atomic Absorption in furnace and 15 mL for Atomic Absorption in flame** | | |
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| **Metal** | **Sample name** | **Calibration rate** |
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|  | *name and surname* | *e-mail and phone:* |
| **User** |  |  |
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| **Prof. Or Supervisior** |  |  |
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| **Date** |  |  |
|  |  |  |
| **Note**:  *write the type of sample (e.g. drug, polymer, matrix or other)* | | |