

FORM 4 - IN
ICP INTERFERENCE CHECK SAMPLE

Lab Name: _____ Contract: _____
 Lab Code: _____ Case No.: _____ MA No. : _____ SDG No.: _____
 Analytical Method: _____ ICSA Source: _____
 Instrument ID: _____ ICSB Source: _____
 Run Batch: _____
 Concentration Units: _____

Analyte	True		Found			
	ICSA	ICSAB	ICSA	%R	ICSAB	%R