BMSF Analysis Request Form IRMS (Inorganic Carbonate) Samples



Office use only:								
Sample tracking			Sample qty:					
Submission date	: :		Analyst:					
Lower campus	facility At	ms along with your	e Submissions.		05.7720			
B50, Chemical S	Sciences B	Building (F10), UN	ISW, NSW 2052	– Phone: 02 93	85 7739			
Your Details:			Please	fill in all areas m	arked with (*)			
* Name			* Phone					
* Dept / Org			* Email					
* Supervisor			BMSF contact					
_		t of an ongoing reproject title. Title:	gistered project?	Yes	No			
* Payment Meth	od: (UNS	W Project Accour	nts OR External I	nvoice)				
UNSW Account								
Fund Code		Dept ID		Project ID				
		tp: 12		J- 30 22				
External Invoice								
Purchase Order								
Email for invoi	cing							
Billing Address	;							
Sample Type / C)bjective o	of Analysis (tick a	ll that apply)					
Speleothem			Coral					
Bone			Carbonate sta	andards				
Other								
sealed, clearly labeld form using one line p Acknowledgeme	ed, plastic tu per sample. F ent / Citati	is must be supplied as the Please fill out the Please contact bmsf@ ion Agreement ervices agree to the fo	first two columns on unsw.edu.au if you re	the spreadsheet of	on the back of this			
BMSF. • In some publications authorship are given in Procedure https://www	s, co-authorshin the relevant w.gs.unsw.edu	of the involvement of the ip by BMSF staff may UNSW procedure: UN u.au/policy/documents/any publication involveptance.	be justified. The requir ISW Authorship and R researchauthorproc.pd	rements for contrib desolving Disputes f	utions worthy of between Authors -			
Supervisor's Sig				Date	_//			



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Sample ID	Sample type	Weight ug	Date weighed	Initials	Notes	Rack	Rack Position	Day of Analysis

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