BMSF Analysis Request Form
IRMS (Inorganic Carbonate) Samples

Office use only:

Sample tracking ID:	Sample qty:
Submission date:	Analyst:

Please return completed forms along with your sample submissions to location:

Lower campus facility Attn: BMSF Sample Submissions.
Rm B50, Chemical Sciences Building (F10), University of NSW, Sydney NSW 2052.

Your Details:　　　　　　　　　　　　　　*Please fill in all areas marked with　**

* Name		* Phone	
* Dept / Org		* Email	
* Supervisor		BMSF contact	

Does this sample form part of an ongoing registered project?　☐ Yes　☐
If yes, please include the project title. Title:

_____

Payment Method: (UNSW Project Accounts **OR** External Invoice)
UNSW Account

Fund Code		Dept ID		Project ID	

External Invoice

Purchase Order #	
Email for invoicing	
Billing Address	

Sample Type / Objective of Analysis: (tick all that apply**)**

Speleothem		Coral	
Bone		Carbonate standards	

Sample Information: All samples must be supplied as a milled/prepared dried powder of no less than 100µg in a sealed, clearly labeled, plastic tube. Please fill out the first two columns on the spreadsheet on the back of this form using one line per sample. Please contact bmsf@unsw.edu.au if you require more information.

Acknowledgement / Citation Agreement:

Users of the BMSF Analytical Services agree to the following conditions:

- An appropriate acknowledgment of the involvement of the BMSF will appear in any publication involving work in the BMSF. The following wording is recommended by the BMSF: "Mass spectrometric analysis for this work was carried out at the Bioanalytical Mass Spectrometry Facility, UNSW and was supported in part by infrastructure funding from the Australian Research Council.
- If the BMSF is involved in assay development and/or validation work for the project, co-authorship is required with the appropriate member(s) of the BMSF.
- A copy (or full citation details) of any publication involving work in the BMSF will be sent to the Director of the BMSF as soon as possible after acceptance.

Submission of an analysis request form provides your agreement to the above conditions.

Supervisor's Signature　_____　**Date　___/___/___**
(and agreement to conditions)

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