

X-Ray Fluorescence Laboratory (XRF)

Never Stand Still

Mark Wainwright Analytical Centre

Solid State and Elemental Analysis Unit

REQUEST FOR ITRAX CORE SCANNER ANALYSIS

ate		School / Department	
Analysis requested by		Supervisor's Name	
Contact Phone		Supervisor's Phone	
Contact Email		Supervisor's Email	
itle of Project		Project Type	
nie or rioject		т тојест туре	□Teaching □Research □UG / Honours □Consulting □Other
ccount for Charges:		* Supervisor/Manager's	*
* 1. Project Code* 2. Fund Code* 3. Dept ID	* 1. * 2. * 3.	Signature (authorizing charges) or date of email (email authorizing charges)	
·		(email additionzing charges)	
Sample No. and Matri	x Description:		
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Analysis requested: Requested Step Size	Hi Res Optical Image□ (μm):	Radiography☐ XRIRequested Resolution (µm): d XRF, please specify the step size	F□ Magnetic Sus.□
Requested Exposure	Time/s (XRF only):	Tube: Cr 🗖 !	Мо П
Elements to be determ	TRACES.	(Si, Ti, Al, Fe, Mg, Ca, M	
_	<u> </u>	SPECIFY ELEMENTS AND/OR F	ROGRAM/S)
Do you need the sam	ple/s returned? Yes □	No 🗆	
* NB. The analy	sis request is not com	plete unless the account (details are provided
* PLEASE C	CHECK THAT FUNDS ARE A	VAILABLE BEFORE SUBMITTIN	IG REQUEST FORM
PLEASE COLLECT SAI	MPLES WITHIN 4 WEEKS C	OF ANALYSIS COMPLETION - SA	AMPLES WILL <u>NOT</u> BE KEPT
Office Use Only			
Date:	Rate \$/sample:	Total number of samples:	Total Cost:

Additional samples

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