

## REQUEST FOR ANALYSIS OF VOLATILES (C, N, O, S) BY LECO ANALYSER

Date		School / Department	
Analysis requested by		Supervisor's Name	
Contact Phone		Supervisor's Phone	
Contact Email		Supervisor's Email	
Title of Project		Project Type	<input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> UG / Honours <input type="checkbox"/> Consulting <input type="checkbox"/> Other
<b>Account for Charges:</b> * 1. Project Code * 2. Fund Code * 3. Dept ID	* 1. * 2. * 3.	* Supervisor/Manager's <b>Signature</b> (authorizing charges) or <b>date of email</b> (email authorizing charges)	*

Sample No. and Description:

1	
2	
3	
4	
5	
6	

Total Number of Analyses (including duplicates):.....

Do you want the sample/s returned? Yes ☐ No ☐

Expected Concentration Ranges: (e.g. high or low O, ~40% C, etc.)

.....

Components required: C ☐ N ☐ S ☐ O ☐

### Notes

1. Please provide a MINIMUM of 1 GRAM OF SAMPLE FOR CN, N, S, & O ANALYSES (EACH).
2. Please submit a complete list of sample numbers and sample descriptions.
3. Material for analysis must be in POWDER form (and/or by SMALL METAL CHIPS if Oxygen).

\* **NB. The analysis request is not complete unless the account details are provided**

\* **PLEASE CHECK THAT FUNDS ARE AVAILABLE BEFORE SUBMITTING REQUEST FORM**

**PLEASE COLLECT SAMPLES WITHIN 4 WEEKS OF ANALYSIS COMPLETION - SAMPLES WILL NOT BE KEPT**

### Office Use Only

Date:	Rate \$/sample:	Total number of samples:	Total Cost:

**Additional samples**

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