

# Request for CHNS Analysis

Date		School / Department	
Analysis requested by		Supervisor's Name	
Contact Phone		Supervisor's Phone	
Contact Email		Supervisor's Email	
Project Type	<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      * 1. * 2. Fund Code        * 2. * 3. Dept ID            * 3. * 4. <u>Supervisor ORCID</u> * 4.		* 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	

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

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

Expected Concentration Ranges: (e.g. ~40% C, etc.)

.....

Components required:                      C ☐                      H ☐                      N ☐                      S ☐

## Notes

1. Recommended sample weight is 100mg but may be more or less depending on samples. Please discuss with XRF staff.
2. Please submit a complete list of sample numbers. For large batches, please number samples consecutively.

**\* 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 2 WEEKS OF ANALYSIS COMPLETION - SAMPLES WILL NOT BE KEPT**

**\* All users are kindly reminded to acknowledge the XRF laboratory or the SSEAU, MWAC, in publications resulting from the use of our facilities. This provides a way to measure our impact, essential for the XRF laboratory's continued support and expansion of capabilities.**

## Office Use Only

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

**Additional samples**

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