

Mark Wainwright Analytical Centre Solid State and Elemental Analysis XRF Laboratory

Request for CHNS Analysis

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count for Charges: * 1. Project Code * 1. Signature (authorizing charges) or date of email (email authorizing charges) * 4. Supervisor ORCID * 4. Sample No. and Description: 1 2 3 4 4 5 Total Number of Analyses (including duplicates): Do you want the sample/s returned? Expected Concentration Ranges: (e.g. ~40% C, etc.) Components required: C	ntact Ema	il		Supervisor	's Email		
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Do you want the sample/s returned? Yes No No Capabilities. Notes 1. Recommended sample weight is 100mg but may be more or less depending on samples. Please discuss wixRF 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 KE * 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	5						
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Additional samples

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