



Mark Wainwright Analytical Centre
Solid State and Elemental Analysis
XRF Laboratory

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
Account for Charges:		* Supervisor/Manager's Signature (authorizing charges) or date of email (email authorizing charges)	*
* 1. Project Code	* 1.		
* 2. Fund Code	* 2.		
* 3. Dept ID	* 3.		

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. ~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

7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	