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	☐Research	☐UG / Honours	☐Consulting	☐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.**		
✳ **4. Supervisor ORCID**	✳ **4.**		

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 <u>NOT</u> 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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