



Mark Wainwright Analytical Centre  
Solid State and Elemental Analysis  
XRF Laboratory

# Request for Oxygen 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>		<b>* Supervisor/Manager's Signature</b> (authorizing charges) or <b>date of email</b> (email authorizing charges)	<b>*</b>
* 1. Project Code	* 1.		
* 2. Fund Code	* 2.		
* 3. Dept ID	* 3.		
* 4. <u>Supervisor ORCID</u>	* 4.		

Sample No. and Description:

1	
2	
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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, etc.)

.....

**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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