



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><br>(authorizing charges) or<br><b>date of email</b><br>(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 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 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**

|    |  |
|----|--|
| 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 |  |