# Request for XRF 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: | * 1. | * Supervisor/Manager's **Signature** (authorizing charges)   or **date of email** (email authorizing charges) | * |
|---|---|---|---|
| * **1**. Project Code <br> * **2**. Fund Code <br> * **3**. Dept ID | * 2. <br><br> * 3. | | |

Sample No. and Matrix Description:     (If you have more samples to list, please use next page)

| 1 | |
|---|---|
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

Elements to be determined:     **MAJORS**  (Si , Ti , Al , Fe , Na , Mg , Ca , Mn , K , P , S)     ☐

**TRACES** (Please specify):................................................................. ☐

Are sample to be made in duplicate?                    Yes ☐                    No ☐

Do the submitted samples contain visible sulphides or organic carbon?   Yes ☐        No ☐

If yes, please specify sample numbers: ...............................................................................

Do you want the sample/s returned?                    Yes ☐                    No ☐

**Notes:**   **1.** Please submit a complete list of sample numbers. For large batches, please number samples consecutively.

**2.** Material for analysis should be ground to a particle size of less than 300 mesh B.S. and dried at 100°C for 24 hours.

* ***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.**

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**Office Use Only**

| Date: | Rate  $/sample: | Total number of samples: | Total Cost: |
|---|---|---|---|
| | | | |

**Additional samples**

| | |
|---|---|
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
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