

Mark Wainwright Analytical Centre Solid State and Elemental Analysis XRF Laboratory

Request for XRF Analysis

ate		School / Department	
Analysis requested by		Supervisor's Name	
ontact Phone		Supervisor's Phone	
ontact Email		Supervisor's Email	
	earch U UG / Ho	•	□Oth or
roject Type		9	Other
 * 1. Project Code * 2. Fund Code * 3. Dept ID * 4. Supervisor ORCID 	* 1. * 2. * 3. * 4.	★ Supervisor/Manager's Signature (authorizing charges) or date of email (email authorizing charges)	*
Sample No. and Matrix De 1 2 3 4 5 Elements to be determined	d: MAJORS (Si, Ti,	AI, Fe, Na, Mg, Ca, Mn,	K, P, S)
Are sample to be made in a Do the submitted samples	duplicate? contain visible sulphides o	Yes 🗆	No □ No □
Do you want the sample/s returned?		Yes 🗖	No 🗆
consecutively.		numbers. For large batches, ple a particle size of less than 300	·
* PLEASE CHECK PLEASE COLLECT SAMPI * All users are king publications result essential for	CK THAT FUNDS ARE AVA LES WITHIN 2 WEEKS OF indly reminded to acknowing ing from the use of our	ete unless the account of AILABLE BEFORE SUBMITTING FANALYSIS COMPLETION - Subwiledge the XRF laboratory facilities. This provides a way on tinued support and expansion	G REQUEST FORM AMPLES WILL NOT BE KEPT or the SSEAU, MWAC, in ny to measure our impact,
Office Use Only Date:	Rate \$/sample:	Total number of samples:	Total Cost:

Additional samples

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