|  |  |  |  |
| --- | --- | --- | --- |
| 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**. Project Code * **2.** Fund Code * **3.** Dept ID | * **1.** * **2.** * **3.** | 🞷 Supervisor/Manager’s **Signature**  (authorizing charges) or **date of email**  (email authorizing charges) | 🞷 |

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

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| --- | --- |
| 1 |  |
| 2 |  |
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| 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 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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