

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

Sample No. and Description:

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2	
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Total Number of Analyses (including duplicates): .....

Components required: C  H  N  S  Do you want the sample/s returned? Yes  No

Does your sample contain the following?

Alkaline/alkaline-earth and/or phosphate substances (>10%): Yes  No

High Fluorine substances (>10%): Yes  No

Heavy volatile metal substances (e.g. mercury, arsenic, osmium and ruthenium): Yes  No

Have the samples been treated with acids? Yes  No

(If Yes, a thorough drying of such samples is necessary before sample submission)

Expected Concentration Ranges: (e.g. ~40% C, etc.) .....

## Notes

Recommended sample weight is **100mg** but may be more or less depending on samples. Please discuss with XRF staff. Please submit a complete list of sample numbers. For large batches, please number samples consecutively. **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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