

Mark Wainwright Analytical Centre Solid State and Elemental Analysis XRF Laboratory

Request for Oxygen Analysis

Date				School / Department				
Analysis requested by				Supervisor's Name				
Conta	act Phone			Supervisor	's Phone			
Contact Email			Supervisor's Email					
Proje	ct Type 🗖 Re	esearch	□ UG /	Honours	☐ Cons	ulting	□ Other	
* * *	unt for Charges:1. Project Code2. Fund Code3. Dept ID4. Supervisor ORCID	* 1. * 2. * 3. * 4.		(authoriz	visor/Manager's gnature ing charges) or e of email norizing charges)	*		
Sample No. and Description:								
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Do yo Does Alk	Number of Analyses (in u want the sample/s re your sample contain the saline/alkaline-earth and the Fluorine substances	turned? Yes e following? d/or phosphate s	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. 10-20% O)								
staff. I The a availa	mmended sample weig Please submit a comple nalysis request is not able before submitting SE COLLECT SAMPLES	ete list of sample complete unles request form	numbers	. For large t	patches, please n ils are provided	umber san Please ch	nples consecutively. neck that funds are	
Date:	-	e \$/sample:	T	otal number	of samples:	Total	Cost:	

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