

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	<input type="checkbox"/> Research	<input type="checkbox"/> UG / Honours	<input type="checkbox"/> Consulting <input type="checkbox"/> Other
Account for Charges:		* Supervisor/Manager's Signature	*
* 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	
3	
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5	

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

Does your sample contain the following?

Elements in metallic or reduced form (e.g. P, S, Si, SiC, Fe, FeO, Cu): Yes No

Visible sulphides or organic carbon: Yes No

Radioactive elements (e.g. U and Th): Yes No

Generate toxic gas (e.g. H₂S, Hg) during fusion process at 1050°C: Yes No

If you answer 'Yes' to any of the questions above, please specify sample details and numbers:

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Do you want the sample/s returned? Yes No

Notes

Material for analysis should be ground to a particle size of less than **300 mesh B.S.** Please discuss with XRF staff if it is not possible to do so. 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

Office Use Only

Date:	Rate \$/sample:	Total number of samples:	Total Cost:

Additional samples

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