

# Request for Micro-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			
<b>Account for Charges:</b>		Supervisor/Manager's Signature	
1. Project Code			
2. Fund Code			
3. Dept. ID			
4. Supervisor ORCHID			

Sample No. and Description:

1	
2	
3	
4	
5	

Elements of interest: .....

Type of Analysis:                      Point Analysis      ☐                      Mapping Analysis      ☐

Is there any hazard or safety concern related to the sample?                      Yes ☐      No ☐

(If yes, please specify and provide the relevant SDS)

Do you want the sample/s returned?                      Yes ☐      No ☐

## Notes

Sample surface needs to be flat and smooth. It is recommended to polish the sample surface before the submission.

Please submit a complete list of sample numbers. For large batches, please number samples consecutively.

**PLEASE COLLECT SAMPLES WITHIN 2 WEEKS OF ANALYSIS COMPLETION - SAMPLES WILL NOT BE KEPT**

## Office Use Only

Date:	Rate \$/Sample:	Rate \$/Hour (DIY)	Total Number of Samples:	Total Cost:

**XRF Laboratory Location:** Room G41, Ground level, June Griffith Building (F10), UNSW Kensington Campus

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