

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			
2. Fund Code			
3. Dept. ID			
4. Supervisor ORCHID			

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

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2	
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Elements to be determined (Please specify):

MAJOR (Si, Ti, Al, Fe, Na, Mg, Ca, Mn, K, P, S, etc.) ☐
TRACES (<1,000 ppm) ☐

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

Does your sample contain any of the following substances? (If yes, please specify)

- | | | |
|--|------------------------------|-----------------------------|
| (1) Elements in metallic or reduced form (e.g., P, S, Si, SiC, Fe, FeO, Cu, etc.): | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (2) Visible sulphides or organic carbon: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (3) Radioactive elements (e.g., U, Th, etc.): | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (4) Generate toxic gas (e.g., H ₂ S, Hg, etc.): | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Any hazard or safety concern (If yes, please specify and provide the SDS): 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.

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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