

# TXRF Analysis Request Form

Date: \_\_\_\_\_

**SUBMITTED BY**

Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Direct Tel. No.: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Lab Number: \_\_\_\_\_

 School/Centre: *Tick all that apply.*

- Queen's University Belfast  
 School of Chemistry and Chemical Engineering  
 Other School \_\_\_\_\_

- External  
 Almac       Radox  
 GLT         Other \_\_\_\_\_  
 MOFF

- Individual Category:
- Undergraduate Practical/Project
  - Masters
  - Post-graduate
  - Postdoctoral
  - Staff
  - Other \_\_\_\_\_

**DETAILS OF SAMPLE(S)**

Type of Sample(s)












- Inorganic  
 Ionic Liquid  
 Organic  
 Polymer

Have you quantitative EDX or ICP results for these samples?

- Yes (*Please provide*)  
 No

	Sample(s) ( <i>Maximum of 3</i> )		
	1	2	3
Sample Code			
Sample Name			
Mol. Formula (if known)			
Sample Mass			
Impurities			
Solubility			
Miscibility			

**SAFETY** (*Tick all that Apply*) ASEP reserve the right to refuse to test samples if they pose a risk to our staff. The request may be forwarded to your supervisor.

										
Health Hazard	Toxic	Corrosive	Irritant	Flammable	Oxidising	Explosive	Compressed Gas	Dangerous for the environment	Biological	Radioactive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Recommended Safety Controls: \_\_\_\_\_

**CHECKLIST** *If you are not able to CHECK all of the boxes below, please speak to a member of ASEP BEFORE submitting your sample.*

- Sample(s) submitted in screw top vials  
 A maximum of 3 samples have been submitted  
 A minimum of 100 mg of sample submitted  
*For quantitative measurements please try to submit 300 mg*  
 All relevant information has been provided in this form  
 If internal standard is not known please state unknown

**EXPERIMENTAL DETAILS**

Analysis Type: <input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative Internal Standard: <input type="checkbox"/> Gallium <input type="checkbox"/> Scandium <input type="checkbox"/> Selenium <input type="checkbox"/> Other (V, Y etc.) _____	Elements of Interest: _____ _____ _____ _____ Additional details _____ _____ _____
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**RESULTS** (*To be completed by the analyst*)

Sample Number	1	2	3
Laboratory Ref. No.			
Results Returned	Y / N	Y / N	Y / N
Comments	_____		
Analyst	_____		Date: _____