

# Sample Submission Form

*Isotope ratio analysis*

Please do not mark above this line

| Your Details               |                |
|----------------------------|----------------|
| <b>Account No.</b>         | <b>Company</b> |
| <b>Contact Name</b>        |                |
| <b>Tel. no.</b>            |                |
| <b>Fax no.</b>             |                |
| <b>E-mail:</b>             |                |
| <b>CC:</b>                 |                |
| <b>Purchase Order no.</b>  |                |
| <b>Submission Ref. no.</b> |                |
|                            | <b>Address</b> |

| Sample Information & Analysis  |             |               |                  |                       |             |               |                  |
|--|-------------|---------------|------------------|-----------------------|-------------|---------------|------------------|
| <p>Please indicate nature or type of material supplied. For submission of multiple samples and/or of mixed type please provide full details on a separate sheet to accompany this form and samples.</p> <p>Note that no pre-treatment will be undertaken and samples will be analysed "as received".</p> |             |               |                  |                       |             |               |                  |
| <p><b>Sample type:</b></p>   |             |               |                  |                       |             |               |                  |
| <p><b>Analysis required (Please tick appropriate boxes)</b></p>  |             |               |                  |                       |             |               |                  |
| <b>N<sup>15</sup></b>  | <b>%N *</b> | <b>Single</b> | <b>Duplicate</b> | <b>C<sup>13</sup></b> | <b>%C *</b> | <b>Single</b> | <b>Duplicate</b> |
|  |             |               |                  |                       |             |               |                  |
| <p>* Only in conjunction with isotope being measured</p>   |             |               |                  |                       |             |               |                  |
| <p><b>Any further information or special requests:</b></p>   |             |               |                  |                       |             |               |                  |
| <p>Please indicate preferred method(s) of reporting</p>  |             |               |                  |                       |             |               |                  |
|  |             |               |                  |                       |             |               |                  |

|               |  |              |  |
|---------------|--|--------------|--|
| <b>Signed</b> |  | <b>Name*</b> |  |
|---------------|--|--------------|--|

*\*if different from the above contact name*

|                        |  |            |  |          |  |          |  |
|------------------------|--|------------|--|----------|--|----------|--|
| For internal use only: |  |            |  |          |  |          |  |
| Date Received          |  | For Review |  | Declined |  | Accepted |  |

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