




X-Ray Diffraction Laboratory

Project ID: _____
 Project Name: _____
 Project Location: _____
 RUSH (x2 Fee): _____ Required Return Date: _____
 Sample Type: Soil Rock Cement Drill Core Vegetation Other

Invoice To: _____ **Report To:** _____
 Contact Name: _____ Contact Name: _____
 Email: _____ Email: _____
 Phone: _____ Phone: _____
 Company: _____ Company: _____
 Address: _____ Address: _____

Hazards:   
 Reacts with/alterd by Ethanol: Yes No
 Reacts with/alterd by Water: Yes No

Additional Information: _____
 I certify that none of the samples are on the banned hazardous samples list
 I certify that all potential hazards have been disclosed above and safety protocols have been provided

Phase ID (\$100)
 Semi-Quant/RIR (\$50)
 Quant/Rietveld (\$400)
 Sample Prep (\$25)
 Crystallite size (\$50)

| Sample IDs | Quantity | Sample Description | Additional Info | Check off desired tests |
|------------|----------|--------------------|-----------------|-------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

If submitting >10 samples, please provide sample list

Select possible elements present in sample(s) _____ Additional Information _____ Sample Return _____
 Dispose of samples after analysis
 Return samples via Mail
 Return Address: _____

 Atten: _____

| | | | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| H | | | | | | | | | | | | | | | | | He |
| Li | Be | | | | | | | | | | | B | C | N | O | F | Ne |
| Na | Mg | | | | | | | | | | | Al | Si | P | S | Cl | Ar |
| K | Ca | Sc | Ti | V | Cr | Mn | Fe | Co | Ni | Cu | Zn | Ga | Ge | As | Se | Br | Kr |
| Rb | Sr | Y | Zr | Nb | Mo | Tc | Ru | Rh | Pd | Ag | Cd | In | Sn | Sb | Te | I | Xe |
| Cs | Ba | La | Hf | Ta | W | Re | Os | Ir | Pt | Pt | Hg | Tl | Pb | Bi | Po | At | Rn |
| Fr | Ra | Ac | Rf | Db | Sg | Bh | Hs | Mt | Ds | Ds | Cn | Nh | Fl | Mc | Lv | Ts | Og |
| | | | | | | | | | | | | | | | | | |
| Ce | Pr | Nd | Pm | Sm | Eu | Gd | Tb | Dy | Ho | Er | Tm | Yb | Lu | | | | |
| Th | Pa | U | Np | Pp | Am | Cm | Bk | Cf | Es | Fm | Md | No | Lr | | | | |

Laboratory Information _____ **Authorized By** _____
 Technician: Rebecca Funk
 Email: easxrd@ualberta.ca
 Location: ESB 1-13, University of Alberta
 Website _____
 Name: _____
 Signature: _____