UNIVERSITY OF ALBERTA
FACULTY OF SCIENCE
Earth & Atmospheric Sciences

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/altered by Ethanol: Yes ○ No ○
Reacts with/altered 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 ☐

Services (click to see the prices):

Sample IDs	Sample Description	Additional Info	Sample Prep	Grinding	Clay Separation	Orientated Mount	Clay Treatment	Tech Interpret.	Scan + Phase ID	Semi-Quant	Quantitative	Crystallite Size
1			☐	☐	☐	☐		☐	☐	☐	☐	
2			☐	☐	☐	☐		☐	☐	☐	☐	
3			☐	☐	☐	☐		☐	☐	☐	☐	
4			☐	☐	☐	☐		☐	☐	☐	☐	
5			☐	☐	☐	☐		☐	☐	☐	☐	
6			☐	☐	☐	☐		☐	☐	☐	☐	
7			☐	☐	☐	☐		☐	☐	☐	☐	
8			☐	☐	☐	☐		☐	☐	☐	☐	
9			☐	☐	☐	☐		☐	☐	☐	☐	
10			☐	☐	☐	☐		☐	☐	☐	☐	

Check off desired tests

If submitting >10 samples, please provide sample list

Select possible elements present in sample(s)

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

Additional Information

_____
_____
_____
_____
_____

Sample Return

Dispose of samples after analysis ◉
Return samples via Mail ○
Return Address: _____
_____
_____
Atten: _____

Payment

Credit Card ○
Purchase order ◉
PO #: _____

Authorized By

Name: _____

Signature: _____