



**Center for Applied  
Isotope Studies**  
**UNIVERSITY OF GEORGIA**

***XRF Analysis***

CAIS USE ONLY

CAIS Invoice Number \_\_\_\_\_

Date Received \_\_\_\_\_

Date Analyzed \_\_\_\_\_

Please COMPLETE, PRINT, and ENCLOSE a copy of this form with your sample.

**CAIS XRF Analysis**

**University of Georgia**

**120 Riverbend Road**

**Athens, GA 30602-4695**

**Phone: 706-542-6031**

**Fax: 706-542-6106**

**Email: [cais@uga.edu](mailto:cais@uga.edu)**

**SUBMITTER INFORMATION**

*Mailing Address:*

*PO Number:*

Name

Organization

Street Address

City

State

Zip

Telephone

Fax

Email

*Billing Address (if different from above):*

Name

Organization

Street Address

City

State

Zip

**UGA Account Information (if applicable)**

UGA Account #

Account or Grant Name (if any):

**ANALYSIS REQUESTED (Check all that apply)**

<input type="checkbox"/>	Major Elements (WD-XRF)	<input type="checkbox"/>	Pigments (non-destructive)
<input type="checkbox"/>	Trace Elements (ED-XRF)	<input type="checkbox"/>	Metals & Alloys
<input type="checkbox"/>	Obsidian & Volcanics (non-destructive)	<input type="checkbox"/>	Qualitative Composition
<input type="checkbox"/>	Other rock types	<input type="checkbox"/>	Rush Sample (3 Day)
<input type="checkbox"/>		<input type="checkbox"/>	Rush Sample (1 Day, if possible)

Additional Comments (target analytes, sample type, sample matrix, number of samples):