



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

CAIS USE ONLY

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

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

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

**CAIS does not provide analytical services for private individuals.  
New clients: Please contact us prior to submitting your samples.**

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):

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