



**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: ztibw@cfw

SUBMITTER INFORMATION

Mailing Address:

[] PO Number:

Name			
Organization			
Street Address			
City	State/Country	Zip	
Telephone	Fax		
Email			

Billing Address (if different from above):

Name	Billing Email		
Organization			
Street Address			
City	State/Country	Zip	

UGA Account Information (if applicable)

UGA Account #	
Account or Grant Name (if any):	
Apply Credit (account #):	

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):
