

Request for Analysis and Approval

CREAIT - TERRA Facility - Stable Isotope Lab
Memorial University of Newfoundland

This sheet must be filled out **completely** and signed by appropriate authority **before preparation and analysis commences**.
Signature below indicates acknowledgement and approval of current fees and submission requirements.

Submit completed form to Dr. Joanne Potter.

Name: _____

Supervisor Name: _____

Department/Faculty: _____

FOAPAL number:

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(Fill in ALL numbers.)

Institution/Company: _____
(external only)

Approval signature: _____

Date: _____

Select one:

Course (include number) _____

Honour's thesis

Master's thesis

Ph.D. thesis

Post-Doctorate

Research

OurLabIDs _____ (for lab use only)

You agree to acknowledge CREAIT and the Stable Isotope Laboratory when publishing data collected in this facility

Invoice details (for lab use only)

Analyses/services requested:

EA-IRMS
(check all that apply)

| | isotope ratio ($\delta^{13}\text{C}, \delta^{15}\text{N}$) | elemental (%C, %N) | # samples |
|----------|---|--------------------------|--------------|
| carbon | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| nitrogen | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| C & N | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

TC-EA-IRMS
(check all that apply)

| | isotope ratio ($\delta^{18}\text{O}, \delta^2\text{H}$) | elemental (%O, %H) | # samples |
|----------------|--|--------------------------|--------------|
| solid samples: | | | |
| oxygen | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| hydrogen | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

GC-C-IRMS
(enter specific analytes and number of samples for each category required)

samples

permanent gases
(specify gases)

other
(specify analytes)

TOC-IRMS
[for waters only]
(check all that apply)

| | isotope ratio ($\delta^{13}\text{C}$) | concentration (ppm C) | # samples |
|---------|--|--------------------------|--------------|
| TIC/DIC | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| TOC/DOC | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

GC-FID/ECD/TCD/MSD
(enter specific analytes and number of samples for each category required)

| | analytes (specify) | # samples |
|------------------------------------|-----------------------|-----------|
| GC-FID/ECD | _____ | _____ |
| GC-FID/TCD (permanent gases) | _____ | _____ |
| GC-MSD | _____ | _____ |
| preparative fraction collection | _____ | _____ |

Additional processing
(enter number of samples for each process)

crushing _____

weighing _____

GasBench-IRMS
(enter number of samples)

C & O isotopes - carbonates _____

Total amount invoiced will be based on actual number of samples/analyses recorded in database.

Replicates required due to poor sample preparation are subject to additional charges as outlined in current fee structure.