MAF/Laser Ablation ICPMS Facility - Request for Analysis Form

Address: Room IIC1036, Bruneau Centre, Memorial University, St. John's, NL, Canada
Email: Markus Wälle (mwalle@mun.ca) or Rebecca Lam (rlam@mun.ca)

Contact Information:

Date:

Name: Email:

Supervisor: Email:

MUN Dept. or External billing address:

Supervisor signature*:

**If the results are used in a publication, you agree to include an acknowledgement for CREAIT and the Laser Ablation ICPMS Facility.*

Payment Information:

FOAPAL: Purchase order:

Project Type: ☐ Honours ☐ Masters ☐ Doctorate ☐ Other

Analysis Information:

Internal use:

Date worked on	Sample	Rate	Total

FOAPAL to be credited:

Prepared by: