

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

Name: _____

Supervisor Name: _____

Department/Faculty: _____

FOAPAL number:

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(MUN only)
(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			
<i>(check all that apply)</i>			
	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			
<i>(check all that apply)</i>			
	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	
<i>(enter specific analytes and number of samples for each category required)</i>	
	# samples
permanent gases <i>(specify gases)</i>	_____
_____	_____
other <i>(specify analytes)</i>	_____
_____	_____

TOC-IRMS			
<i>[for waters only]</i>			
<i>(check all that apply)</i>			
	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		
<i>(enter specific analytes and number of samples for each category required)</i>		
	analytes (specify)	# samples
GC-FID/ECD	_____	_____
GC-FID/TCD (permanent gases)	_____	_____
GC-MSD	_____	_____
preparative fraction collection	_____	_____

Additional processing	
<i>(enter number of samples for each process)</i>	
crushing	_____
weighing	_____

GasBench-IRMS	
<i>(enter number of samples)</i>	
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.