No:



## University of Kerala

## **Central Laboratory for Instrumentation and Facilitation (CLIF)**

Kariavattom Campus, Trivandrum-695 581 Phone: 0471-2308566 E-mail:siccuok@gmail.com

Designation:	Official /Billing Address:  Designation:Department:						
E-mail: Mobile:							
Category: Kerala University	Students (A) Stude	nts from colleges affiliated to UoK (B)					
Students from other Educat	ional institutions (C)	R & D institutes (D)					
Industry (E)							
Purpose: Ph.D. M.Sc.	M.Phil. Others	]					
-	_	<b>Date:</b> above mentioned user and using of CLIF sing out of the results of the analysis.					
Certified that the sample s	submitted belongs to the	above mentioned user and using of CLIF sing out of the results of the analysis.  Name and Signature					
Certified that the sample s facility will be acknowledge	submitted belongs to the	above mentioned user and using of CLIF sing out of the results of the analysis.					
Certified that the sample s facility will be acknowledge	submitted belongs to the	above mentioned user and using of CLIF sing out of the results of the analysis.  Name and Signature of the Head of the Institute/Dept					
Certified that the sample so facility will be acknowledge  Date:  Important*:  Partially filled form and	submitted belongs to the d in all the publications ar	above mentioned user and using of CLIF sing out of the results of the analysis.  Name and Signature of the Head of the Institute/Dept (Office Seal is mandatory)					
Certified that the sample so facility will be acknowledge  Date:  Important*:  Partially filled form and be proving the sample should be proving the sample sample should be proving the sample sa	submitted belongs to the d in all the publications ar	above mentioned user and using of CLIF sing out of the results of the analysis.  Name and Signature of the Head of the Institute/Dept (Office Seal is mandatory)					

Sample Received on:
Number of samples:
Analysis for :
Amount :

Name and Signature Of the authority

Date: ..../...../

## XRF Analysis Request Form

Name: .	• • • • • • • • • • • • • • • • • • • •	••••••						
Address	• • • • • • • • • • • • • • • • • • • •	••••••		•••••••••••••••••••••••••••••••••••••••				
• • • • • • • • • • • • • • • • • • • •	••••••			••••••				
		Mo	bile:	••••••				
<u>Sample</u>	<u>Information</u> *							
i) Physical Nature: "Powder "Pellet "Fused Bead ii) Number of samples: iii) Whether sample to be returned after analysis: "Yes "No								
Sl No:	Sample Name	Sample ID	LOI (Loss on Ignition)	Remarks				
• • • • • • • • • • • • • • • • • • • •	•••••							
	and Signature ne Applicant	Recommen supervising		Name and Signature Head of the Institute/Dept.				

## Important Information\*

- i) Applicants are informed that, at present, we will be able to analyze the samples without references. We are trying to procure reference samples.
- ii) All fields are Mandatory and should not have kept blank
- iii) Please specify nature of your sample. Samples that are toxic, radioactive and explosive will not be accepted for analysis.
- iv) If the sample is in pellet form, the diameter should be in the range 36-38 mm and also need to specify the method of preparation (amount of sample and additive used and other information).
- v) CLIF follows matrix based analytical methods. Quantitative analysis of the samples cannot be done without details of the sample (for eg. Granite, dolerite, soil, river sediment etc.). So please provide such details in appropriate columns.
- vi) Sample should not contain any volatile/degassing/fugitive dust materials which will affect the vacuum in the analysis chamber.
- vii) Label the sample only on the containers, sample code /label should be brief, keep the sample clean.
- viii) All analyses will be carried out on the basis of priority of receipt of samples in the laboratory. It may take few days or weeks, depending on the backlog of samples remaining in the lab for analysis.
- ix) Partially filled form and form without office seal will be summarily rejected.