



No:

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

**University of Kerala**  
**Central Laboratory for Instrumentation and Facilitation (CLIF)**  
*Kariavattom Campus, Trivandrum-695 581 Phone: 0471-  
2308566 E-mail:siccuok@gmail.com*

Name: .....

Official /Billing Address: .....

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

E-mail: ..... Mobile: .....

Category: Kerala University Students (A)  Students from colleges affiliated to UoK (B)

Students from other Educational institutions (C)  R & D institutes (D)

Industry (E)

Purpose : Phd  MSc  Mphil  Others

Mode of Payment\*: DD

Receipt No\*.: \_\_\_\_\_

Date: \_\_\_\_\_

*Certified that the sample submitted belongs to the above mentioned user and using of CLIF facility will be acknowledged in all the publications arising out of the results of the analysis.*

Date: \_\_\_\_\_

.....  
**Name and Signature**  
**of the Head of the Institute/Dept.**  
*(Office Seal is mandatory)*

**Important\*:**

- *Partially filled form and form without office seal will be summarily rejected*
- *Each page should be printed separately for submission*
- *The complaint if any regarding the analysis result has to be intimated within 3 weeks on receipt of the result*
- *The leftover/analyzed samples shall be collected within 2 weeks from the date of issue of result*

**Office Use only**

**Sample Received on:**

**Number of samples :**

**Analysis for :**

**Amount :**

**Name and Signature**  
**Of the authority**

# ISOTOPE Analysis Request Form

(for  $\delta^{18}\text{O}$ ,  $\delta^{17}\text{O}$ , and  $\delta^2\text{H}$ )

Name: .....

Address: .....

.....

E-mail: ..... Mobile: .....

Number of samples: .....

## ANALYSES REQUESTED

$\delta^{18}\text{O}$  (Oxygen-18 / Oxygen-16 ratio)

$\delta^{17}\text{O}$  (Oxygen-17 / Oxygen-16 ratio)

$\delta^2\text{H}$  (Deuterium / Hydrogen ratio)

## Sample Information

Sl.No	Sample ID	Sample Type (e.g., groundwater, rain, river, ice melt)	Collection Date	Location (Site Name)	Notes (e.g., treatment, storage)
Remarks if any:					

.....  
Name and Signature  
of the Applicant

.....  
Recommendation of  
supervising teacher

.....  
Name and Signature  
of the Head of the  
Institute/Dept.

## Instructions

1. **Sample volume required:**  $\geq 10$  mL of clean, filtered, and sealed water per sample.
2. **Labeling:** Waterproof, unique ID matching the table above.
3. **Storage:** Refrigerated ( $4^\circ\text{C}$ ) and shipped in sealed containers to prevent evaporation.
4. Analyses are performed via **Laser Water Isotope Analysis by ABB**
5. **Standard output units:** ‰ (per mil)
6. **Please note that the leftover samples after analysis shall be stored in CLIF only for 15 days after analysis and will be disposed off thereafter. If you want the un-used sample back, please mention it separately.**