Print Form

SIU Southern Illinois University CARBONDALE

MASS SPECTROMETRY FACILITY
DEPARTMENT OF CHEMISTRY & BIOCHEMISTRY

DELTA V PLUS ISOTOPE RATIO MASS SPECTROMETER

CLIENT SAMPLE SUBMISSION FORM

1. CLIENT INFORMATION

Name _____

Department _____

Phone Number _____

E-mail _____

Address _____

Academic Advisor _____

Sample Submission Date _____

Project Name or Number _____

2. ANALYSIS REQUESTED

◯ $\delta^{13}C$ ◯ $\delta^{13}C$ and weight % C ◯ $\delta^{15}N$ ◯ $\delta^{15}N$ and weight % N

◯ $\delta^{13}C$, weight % C, $\delta^{15}N$ and weight % N

◯ $\delta^{18}O$ ◯ $\delta^{13}C$ and $\delta^{18}O$ ◯ $\delta^{2}H$ ◯ $\delta^{2}H$ and $\delta^{18}O$

3. ANALYTICAL PROCEDURE REQUESTED

◯ CF-EA-IRMS ◯ CF-TCEA-IRMS ◯ Gas Bench-IRMS ◯ Dual Inlet-IRMS

4. REPORTED DATA TYPE

◯ Raw ◯ Corrected

5. SAMPLE INFORMATION

a. Isotope abundance

◯ Natural ◯ Enriched

b. Sample preparation procedure
(Describe briefly)

_____

c. Sample type(s)

◯ Plant tissue ◯ Animal tissue ◯ Organic liquid ◯ Inorganic solid ◯ Inorganic liquid

d. Sample estimated elemental weight % (if known)

C _____

N _____

O _____

H _____

e. Sample grouping (if applicable)

Set 1 designation _____

Set 2 designation _____

Set 3 designation _____

Set 4 designation _____

Set 5 designation _____

f. Number of samples

Set 1 _____

Set 2 _____

Set 3 _____

Set 4 _____

Set 5 _____

6. FINANCIAL INFORMATION

Billing Information _____

Billing Address _____

For analytical facility use only

Date received _____

Date completed _____

Analyzed by _____

Analytical techniques _____

Instrument _____

Returned or discarded samples _____

Reason for return or discard _____

Comments