

ANALYSIS REQUEST FORM - XRF: Plating and Thickness

SHEFFIELD ANALYTICAL SERVICES

A Division of Sheffield Assay Office

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Arrival DATE

Sent By

Sample Reference	Testing requirements			Please supply any specifications, expected requirements, elements to be reported etc.
	Substrate composition	Plating composition	Plating Thickness	

Purchase Order Number

Notification of Results	Return Address (if different from above)
Telephone	
Email	
Post	

I/We Agree and accept that the Analytical Service requested on this Analysis Request Form are governed by the Terms and Conditions which can be found on the Sheffield Assay Office website

Authorised Signature.....On Behalf of Sender named above

Please Print Name