

MRSI-ANALYSIS REQUEST FORM AND INVOICE

McMaster Research Group for Stable Isotopologues (MRSI)

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FAX: 905-546-0463

Date:	Project Name:			
Requestor Name and Signature:				
Address:				
Address:	E-ma	nil:		
Advisor (PI or Person Responsible for Payment):				
Sample Code: (See Price List)	(A)	(B)	(C)	
Number of sample submitted:	(A)	(B)	(C)	
Are the samples isotopically enr	iched? (A) Yes / No	(B) Yes / No	(C) Yes / No	
Estimated Total Analytical Co	st: (A)+ (B) _	+ (C)	= Total	
Account #				
Signature (Advisor)				
Please e-mail this form & MRSI-Sample Submission Form to mrsi@mcmaster.ca Price List can be found at http://stable-isotopes.mcmaster.ca/pricelist The forms can be downloaded from http://stable-isotopes.mcmaster.ca/MRSI-Analysis-Request-Form&Invoice.docx and http://stable-isotopes.mcmaster.ca/MRSI-Sample-Submission-Form.xls				
For Staff Only				
Date Received	By		_	
Date Completed				
Date Invoiced				