



Archaeometry Laboratory

University of Missouri Research Reactor



SAMPLE SUBMISSION FORM

Personal Information

Name: _____

Organization: _____

Street Address: _____

City: _____

State/Province: _____ Postal Code: _____

Phone: _____

eMail: _____

For Laboratory Use Only

Date Received: _____

Project No: _____

Notebook No: _____

Project Funding:

_____ Academic (USA only)

_____ CRM/Foreign/other

Billing Information (If different than above)

Name: _____

Organization: _____

Street Address: _____

City: _____

State/Province: _____ Postal Code: _____

Preferred Analytical Technique

___ NAA ___ XRF ___ ICP-MS ___ Raman

Other (Please describe):

Specimen Quantities and ANIDs

Pottery: _____

Clay: _____

Chert: _____

Obsidian: _____

Other: _____

Please ensure that ANIDs are clearly written on the bag containing each specimen

Disposition of Surplus Specimens:

___ Archive at MURR

___ Return to Sender

Surplus foreign and USDA-restricted soils will be destroyed unless transferred to a USDA-approved facility

Items to Include with submission:

- ___ Map(s) indicating site locations
- ___ Bibliographic references relevant to your project
- ___ [Sample inventory](#) in MS Excel compatible format
- ___ Cover letter describing your project and samples

Additional Information or Instructions

By signing, you agree to the following:

All necessary consultations, permits, and permissions have been obtained prior to submission of this project.

This project adheres to CARE Principles for Indigenous Data Governance, if applicable.

I have read and understand the Archaeometry Laboratory's data management and sharing policy and agree to these conditions.

Please return this form, the above attachments, and your samples

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