PEABODY MUSEUM OF NATURAL HISTORY YALE UNIVERSITY

170 WHITNEY AVENUE, P.O. BOX 208118 NEW HAVEN, CT USA 06520-8118

Date

TECHNICAL ANALYSIS/DESTRUCTIVE SAMPLING REQUEST

Name			
Address			
Telephone	Fax	Email	
1 Description of proposed	sampling and testing procedure:		
1. Description of proposed	sampling and testing procedure.		
2. Purpose of this analysis:			
3. If the analysis involves d	amage to the specimens, could other	r, non-destructive analyses provide	
comparable information?	Yes		No
If yes, specify:			
4. List the specific specime	ns requested from the Peabody Mus	eum, including catalogue or other	
identification number, pr	ovenance, and location of sample for	or each specimen. (Attach a separa	te sheet
if needed.)			
Cat/ID No. Spe	ecimen/Provenance/Sample Locatio	<u>n</u>	

5. l	Dates specimens are needed: to	
6.	Will any previous treatment affect the success of the proposed analysis? Yes No	
	If yes, explain on attached sheet.	
7. `	Will the analysis involve visible damage to the specimens? Yes No	
	Will the analysis result in chemical or other changes to the specimens? Yes No	<u> </u>
	Will the sampling or analysis alter the specimens in such a way as to affect the outcome of future	analyses
	If yes, how?	
	Will the specimens be sampled? Yes No	
	If yes, provide justification and details:	
	Who will take the sample?	
	What is the size/weight of the samples requested?	
	Will the sampling be done at the Peabody Museum? Yes No	
	If no, where will the sampling be done?	
	Where will the analysis be performed?	
	Institution	
	Address	
	ContactTelephone _	
10.		
10.	Can the samples be reused? Yes No	
	Will the returned samples require special storage? Yes No _	
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11.	If yes, specify:	
11.	If so, from which?	
12.	. Place and date of publication of results and testing, if known, or plans for publication:	