

REQUEST FOR RADIOCARBON AGE DETERMINATION

(Use separate sheet for each sample and TYPE or PRINT)

Date _____ 20 ____

Name of Section or site _____

Your sample number _____ Weight of sample (dry) _____ gms

Material to be analyzed _____

Material from which sample was taken _____

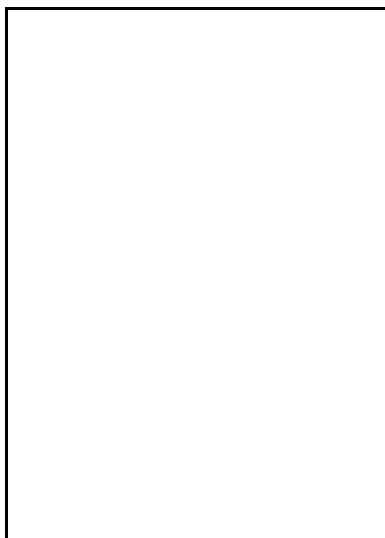
Location: County _____ State _____ Country _____

_____ ¹/₄ _____ ¹/₄ _____ ¹/₄ Section _____ Township _____ Range _____

_____ ° _____ ' _____ " Latitude, _____ ° _____ ' _____ " Longitude

Direction and distance (km) from nearest town _____

Stratigraphic unit, position, and thickness, or relationship with cultural materials (make sketch; use metric units)



Collected by _____ Date collected _____, 20 ____

Name and address of person requesting analysis _____

Type of project _____

Significance of sample _____

Your sample no. _____

UTCAG no.* _____

County _____

Request no.* _____

**numbers to be assigned by the UTCAG*

Lab. no. * _____

Reference to relevant publications on geology of the area _____

Foreign matter or geologic factors that may contribute to anomalous age (e.g. root penetration, leaching, prolonged exposure to atmosphere, etc.) _____

Sampling technique and post-sampling treatment _____

Is more of this sample available if needed? _____

Expected age _____ RCYBP Possible age range from _____ to _____

Previously determined dates from same or adjacent horizons _____

Remainder of form to be completed by UTCAG

AUTHORIZATION FOR ANALYSIS

Chairman, Radiocarbon Dating Committee

Date _____, 20 ____

RESULTS OF ANALYSES

UTCAG _____ Age _____ ± _____ Radiocarbon Years B.P.

$\delta_{\text{PDB}}^{13}\text{C}$ _____ per mil Activity _____ ± _____ PMC

Remarks _____

Date _____ 20 ____

Supervisor, Radiocarbon Dating Laboratory

NOTE: All age determinations will be submitted for publication in the journal Radiocarbon.