



X-Ray Computed Tomography Reference Data Sheet

1. Save form in the master folder of your test using the naming convention: Test#_Worksheet. Test numbers should fit the naming convention: CT###. Check the lab log to ensure you are using the correct number.
2. Fill in SECTION 1 and save
3. Print Form and complete all fields during your test
4. Enter all handwritten information into electronic form and save
5. Put original handwritten form in lab collection box

TEST # _____ EXPERIMENTER(S) FULL NAME _____ INITIALS _____
 UNIVERSITY _____ PROJECT (e.g.: SUTUR, Total, etc.) _____
 START DATE (06 Dec 12) _____ END DATE (06 Dec 12) _____ CONFIDENTIAL _____
 TESTING COMPANY _____
 MASS OF SAMPLE SUBMITTED (g) _____
 NUMBER of 8-bit jpgs _____
 NUMBER of 16-bit tiffs _____
 SLIDESHOW FILENAME _____
 DATA RENAMED BY (FULL NAME) _____

SOURCE MATERIAL

BULK MATERIAL 1	PERCENTAGE
BULK MATERIAL 2	PERCENTAGE
MATERIAL STATE	

CORE NAME (only complete this section if you chose "intact")

_____	_____	_____	_____	_____	_____	_____
SITE	HOLE	CORE	SECTION	INTERVAL	NOMINAL SECTION DEPTH	
EXAMPLE: U1324	B	10H	- 5	10-20cm	2000mbsf	

TEST ORIGIN

PRIMARY TESTING ORIGIN (example RESED001) _____
 SECONDARY TESTING ORIGIN (example CRS001) _____
 TERTIARY TESTING ORIGIN (example MICP001) _____

MATERIAL DESCRIPTION (use this space to give information about your sample that you feel isn't described above):

TEST REMARKS: