



**MINERALOGICAL AND GEOLOGICAL MUSEUM
HARVARD UNIVERSITY**

DEPARTMENT OF EARTH AND PLANETARY SCIENCES
24 OXFORD ST.
CAMBRIDGE, MA 02138

Mineral and Rock Sample Request Form

1a) Name of person requesting samples: _____ 1b) Signature: _____

2) Professional Title: _____ 3) Date: _____

4) Institution: _____ 5) Address _____

6) Telephone: _____ 7) E-mail: _____

(8)	(9)	(10)	(11)	(12)	(13)	(14)
Mineral/Rock	Locality	Form	Number	Ideal Mass/Size	Minimum mass/size	Remarks and notes

15) Title of Research

16) Purpose of Study/Scientific rationale

References Cited

17) Planned measurements and collaborators

Collaborator	Institute	Method	Mass required

18) Reason(s) for choosing the particular samples requested

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19) Basis for estimating mass requested

20) Special preparations

21) Effects on samples