

# SAMPLE REGISTRATION FORM

LABORATORY OF CULTURAL MATERIAL ANALYSIS

Postgraduate Institute of Archaeology

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FOR LAB USE ONLY

LCMA Ref. Number:

**A: BASICS**

A1: Your Sample Ref. Number: \_\_\_\_\_

A2: Sample received from: \_\_\_\_\_ A3: Organization: \_\_\_\_\_

A4: Telephone: \_\_\_\_\_ A5: E-mail: \_\_\_\_\_

A6: Lab results to be posted to: \_\_\_\_\_

A7: Date: \_\_\_\_\_

**B: SAMPLE PROVENANCE**

B1: Country: \_\_\_\_\_ B2: City/ Village : \_\_\_\_\_ B3: Site name: \_\_\_\_\_

B4: GPS location: N. \_\_\_\_\_ E. \_\_\_\_\_ B5: Excavation Pit Ref.: \_\_\_\_\_

B6: Other (Describe please) : \_\_\_\_\_  
\_\_\_\_\_**C: SAMPLE DESCRIPTION**

C1: Sample Type: 1. Plaster 2. Ceramic 3. Metal 4. Bone 5. Figment 6. liquid 7. Glass 8. Rock &amp; Mineral 9. Unknown

C2: Relevant historical and other information about the sample: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**D: ANALYSIS**D1: Description of tests required and/or specific aspect to investigate:  
\_\_\_\_\_  
\_\_\_\_\_

D2. Resolute period : 1. One day 2. Seven days 3. Twenty days 4. More than twenty days

**E: PAYMENT CATEGORY**

E1: Gratis | E2: Staff Rate | E3: Professional Rate | E4: Student Rate

Note: Payment category must be authorized by the LCMA Coordinator.  
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Sample received by: ..... Ledger entry made by: .....

File #: .....

Procedures/ tests/ etc. ....