



ARCHAEOLOGY DEPARTMENT – RADIOCARBON LABORATORY

قسم الأركيوميتري- معمل التأريخ بالكربون ١٤

SAMPLES SUBMISSION FORM FOR RADIOCARBON DATING

(Please fill in one form per sample or per set of samples, *obligatory fields, italic fields will be filled in by the laboratory)

Note: Each sample **must** be accompanied by an information sheet (and the MoA transfer authorization paper if the sample comes from the Egyptian territory)

Name/Surname*:

Date*:

E-mail*:

Professional address*:

Phone number*:

Institution*:

Project*:

Did you have an (administrative/financial) agreement before performing this submission (give the references):

EXPLANATORY NOTE:

The radiocarbon dating is a destructive process. According to the amount submitted, a portion or all of the sample will be destroyed. Unless special request and prior agreement with the laboratory, the remaining part, not destroyed, will not be returned.

When reporting results, it is in the interest of the applicant to formulate his questions upon receipt. The requested information helps the laboratory to optimize the method of analysis and counting; it is in the applicant's interest to provide as much accurate answers as possible to the questions in this form and to attach the documentation that seem useful.

Further information on the laboratory can be found on the website <http://www.ifao.egnet.net/c14/>

RECOMMANDATIONS :

When publishing your results, the laboratory must be mentioned as *Pôle archéométrie de l'Institut Français d'Archéologie Orientale - Laboratoire de datation par le radiocarbone*. **The dating results must always be published with their lab code IFAO XXX.** Thank you for informing us of these publications.

(for the submission of a set of samples, please fill in the table p.3)

Sampling Date*:

Sampling number*:

Sampling site*:

Topographical coordinates of the site/sampling (GPS):

X, Y, Z coordinates of the sample during the excavation:

Nature*:

Weight:



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Date of reception at the radiocarbon laboratory:

IFAO Laboratory Code(s):

Samples photos:	yes	no
Observation and binocular photos:	yes	no

Aim of the datation*:

Expected age*:

Archaeological dating of the object/sample:

Archaeological references of the object in the set of samples (excavation/museum; US, layer, position, homogeneity):

Sample(s) appearance:

History of the sample(s) (Especially for museum samples, conservation-restoration?)

Treatments applied to the object (conservation, chemical or mechanical cleaning, sorting) and a description of these treatments:



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Place, duration and conditions of storage between the sampling and the receipt in the laboratory:

Was the sample subject to an archaeobotanical study?

Is the sample the result of a sorting of such study?

Do you know the essences of plant remains or coals that may constitute the sample (specify)?

Possible contaminants (roots, animal excrements, calcareous concretions, conservation products, etc...)

Is the object issued from the sea or from lake sediments?

Is the object coming from a lake context?

Was the sent sample representing the entire (sampling)?

Is the sample a part of a group of samples (that had been submitted early before : indicate its references ; that are to be submitted later after)

Comments:



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For a set of samples, please fill in the following table (**obligatory fields, italics fields will be filled in by the laboratory*):

Number*	<i>Laboratory code</i>	Date of sampling*	Site*	Nature*	Expected age*	Archaeological dating	Weight	X, Y, Z coordinates	Archaeological references (US, layers, position)

RECOMMENDATION: For the publication of results, the laboratory should be mentioned as *Pôle archéométrie de l'Institut Français d'Archéologie Orientale - Laboratoire de datation radiocarbone*. Dating results should imperatively be published with their IFAO Laboratory codes IFAO XXX. Please inform us of those publications.



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Complementary information and/or other analyses requests:

Recommendation:

RESERVED FOR THE LABORATORY:

Enregistré(s) au laboratoire le ___/___/___ sous le(s) numéro(s) IFAO _____

_____ par _____

Statut administratif :

Fin du traitement le ___/___/___

Âge «C» : _____ (1σ)