

Request Form Nr \_\_\_\_\_

## 1. Request Details

|                                |                     |                         |
|--------------------------------|---------------------|-------------------------|
| Organization: .....            | VAT Number: .....   | Date: .....-.....-..... |
| Contact Person: .....<br>..... | e-mail: .....@..... | Phone: .....<br>.....   |

## 2. Sample Details

|                                                                                                                                                                                                                             |                                                                                         |                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Sample ID:<br>.....                                                                                                                                                                                                         | Quantity:<br>..... mg                                                                   | Analysis Type:<br><input type="checkbox"/> CHNS <input type="checkbox"/> Oxygen                                     |
| Molecular Formula:<br>.....                                                                                                                                                                                                 | Sample must be returned?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Hazard:<br><input type="checkbox"/> Toxic<br><input type="checkbox"/> Not Toxic<br><input type="checkbox"/> Unknown |
| Sensitive to:<br><input type="checkbox"/> Heat <input type="checkbox"/> Humidity<br><input type="checkbox"/> Air <input type="checkbox"/> Explosive<br><input type="checkbox"/> Light <input type="checkbox"/> Other: ..... |                                                                                         | Notes:                                                                                                              |

### Information Required:

| Element      | Theoretical (%) | 1 <sup>st</sup> Determination (%) | 2 <sup>nd</sup> Determination (%) |
|--------------|-----------------|-----------------------------------|-----------------------------------|
| Nitrogen (N) |                 |                                   |                                   |
| Carbon (C)   |                 |                                   |                                   |
| Hydrogen (H) |                 |                                   |                                   |
| Sulphur (S)  |                 |                                   |                                   |
| Oxygen (O)   |                 |                                   |                                   |

|                                                                             |                                                             |
|-----------------------------------------------------------------------------|-------------------------------------------------------------|
| Date: .....-.....-.....<br><br>.....<br>(Sponsor Signature)                 | Date: .....-.....-.....<br><br>.....<br>(Service Signature) |
| Date of the analysis: .....-.....-.....<br><br>.....<br>(Service Signature) | Method: .....<br><br>Sample File: .....                     |