

REQUEST FOR ELEMENTAL ANALYSIS: C,H,N.

Date: _____ Principal Investigator: _____

Email: _____ Phone: _____

User's Name: _____ Email: _____

Institution: _____ Department: _____

Sample Details

Sample Label: _____ Number of analysis per sample: _____

Molecular formula: _____ Molecular weight: _____

m.p. (°C): _____ m.p. (°C): _____

Indicate all elements with approximate percentages:

C: _____ % H: _____ % N: _____ %

Others: _____

Structure: Enter chemical structure or attach a drawing/picture.

	Is the chemical compound
	Explosive: <input type="checkbox"/> No <input type="checkbox"/> Yes
	Oxygen sensitive: <input type="checkbox"/> No <input type="checkbox"/> Yes
	Hygroscopic: <input type="checkbox"/> No <input type="checkbox"/> Yes

Storage conditions (enter below):**Provide information of hazards and handling precautions** (enter below):**Comments:** Please add any other relevant information to properly test your sample, below: