

Sample Submission Form

Organic Analysis

Your Details (Please submit one form for each sample)

| | |
|--|---|
| <p>Account No.</p> <hr/> <p>Contact Name</p> <hr/> <p>Tel. no.</p> <hr/> <p>E-mail:</p> <hr/> <p>CC:</p> <hr/> <p>Purchase Order no.</p> <hr/> <p>Sample Ref. no.</p> <hr/> | <p>Company</p> <hr/> <p>Address</p> <hr/> |
|--|---|

Please do not mark above this line

Sample Information & Analysis

Note: Failure to complete any of the boxes in this section will imply sample is not hazardous and requires no special treatment

| Sensitivities, Risks & Hazards (please tick a minimum of one box) | | | | | | | |
|---|--------------------------|-----------------|--------------------------|---------------|--------------------------|----------------------|--------------------------|
| Carcinogenic | <input type="checkbox"/> | Volatile | <input type="checkbox"/> | Explosive | <input type="checkbox"/> | Not hazardous | <input type="checkbox"/> |
| Hygroscopic | <input type="checkbox"/> | Light sensitive | <input type="checkbox"/> | Air sensitive | <input type="checkbox"/> | Unknown | <input type="checkbox"/> |

| Preparation and Handling Required | | | | | | | | | |
|-----------------------------------|--------------------------|---|--------------------------|--------|--------------------------|-----------|--------------------------|--------------|--------------------------|
| Drying Required | <input type="checkbox"/> | Air | <input type="checkbox"/> | Vacuum | <input type="checkbox"/> | Temp (°C) | <input type="checkbox"/> | Time (Hours) | <input type="checkbox"/> |
| Grinding Required | <input type="checkbox"/> | (Note – we are unable to grind samples under an inert atmosphere) | | | | | | | |
| Handle under dry inert atmosphere | <input type="checkbox"/> | No special treatment required | | | | | <input type="checkbox"/> | | |

| ELEMENTS | Required | Expected Values (if known) | Sample structure / formula, general information etc. |
|------------------|--------------------------|----------------------------|--|
| Carbon | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hydrogen | <input type="checkbox"/> | <input type="checkbox"/> | |
| Nitrogen | <input type="checkbox"/> | <input type="checkbox"/> | |
| Oxygen | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sulphur | <input type="checkbox"/> | <input type="checkbox"/> | |
| Nitrogen/Protein | <input type="checkbox"/> | <input type="checkbox"/> | |
| TOC* | <input type="checkbox"/> | <input type="checkbox"/> | *TOC Analysis not UKAS accredited * |

Any further comments:

| | | | | | | |
|---|-------|--------------------------|-------|--------------------------|------|--------------------------|
| Please indicate preferred method(s) of reporting | Email | <input type="checkbox"/> | Phone | <input type="checkbox"/> | Post | <input type="checkbox"/> |
|---|-------|--------------------------|-------|--------------------------|------|--------------------------|

Please note: duplicate analyses will always be carried out where sufficient sample permits. We are able to provide a 24 hr service for urgent samples by prior arrangement.

| | | | |
|---------------|--|--------------|---|
| Signed | | Name* | |
| | | | *if different from the above contact name |

| For internal use only: | | | |
|------------------------|------------|----------|----------|
| Date Received | For Review | Declined | Accepted |