

Sample Submission Form

Organic Analysis

Please do not mark above this line

Your Details (Please submit one form for each sample)	
Account No. <hr/> Contact Name <hr/> Tel. no. <hr/> E-mail: <hr/> CC: <hr/> Purchase Order no. <hr/> Sample Ref. no. <hr/>	Company <hr/> Address <hr/>

Sample Information & Analysis																									
<p>Note: Failure to complete any of the boxes in this section will imply sample is not hazardous and requires no special treatment</p>																									
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"/>																								
Grinding Required <input type="checkbox"/>	Vacuum <input type="checkbox"/>																								
Temp (°C) <input type="checkbox"/>																									
Time (Hours) <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"/>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">ELEMENTS</th> <th style="text-align: center;">Required</th> <th style="text-align: center;">Expected Values (if known)</th> </tr> </thead> <tbody> <tr><td>Carbon</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Hydrogen</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Nitrogen</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Oxygen</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Sulphur</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Nitrogen/Protein</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>TOC*</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	ELEMENTS	Required	Expected Values (if known)	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"/>	Sample description / formula, general information. <p style="text-align: center;">*TOC Analysis not UKAS accredited *</p>
ELEMENTS	Required	Expected Values (if known)																							
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Any further comments: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>																									
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<p>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 <u>by prior arrangement</u>.</p>																									

Signed		Name*	
*if different from the above contact name			

For internal use only:			
Date Received	For Review	Declined	Accepted