

# Elemental Analysis Request Form

Name \_\_\_\_\_

Date \_\_\_\_\_

Department \_\_\_\_\_

Research Advisor \_\_\_\_\_

Phone Number \_\_\_\_\_

Room & Bldg. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Sample ID \_\_\_\_\_

Short Code Account Number:
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Sensitivity: Air \_\_\_\_\_ Water \_\_\_\_\_ Thermal \_\_\_\_\_ Light \_\_\_\_\_ Other \_\_\_\_\_

Glove Box Handling: Y / N

Volatility (under vacuum): Y / N

Melting Point: \_\_\_\_\_

Boiling Point: \_\_\_\_\_

Structure:
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Toxicity: \_\_\_\_\_

Special Handling Instructions: \_\_\_\_\_

Analyses Needed:

Elements	Expected Weight Percentages	Analysis Results (%)	Reference
<b>C</b>			
<b>H</b>			
<b>N</b>			
<b>S</b>			
<b>O</b>			
<b>Metals:</b>			

Comments:

Date Completed: \_\_\_\_\_

Cost: \_\_\_\_\_