



CHEMISAR LABORATORIES INC. TECHNOLOGY CENTRE BUILDING

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REQUEST FOR ANALYSIS FORM

Date: _____ Sample No.: _____

Report To: _____
(Name/Address) _____

Supervisor Name: _____ P.O. No: _____

Report By: _____ Air Mail _____ Phone: _____ Fax: _____ Email: _____
(circle one) (as above)

Elements to Analyze: _____

Other Elements Present: _____

Rush Service

Non-Rush Service

Single Analysis

Duplicate Analysis

Other (duplicate only if results do not agree with given range)

PHYSICAL/CHEMICAL PROPERTIES:

M.P. _____

B.P. _____ ° C @ _____ mm Hg

Sensitive to _____

Weigh under N? YES NO

Has sample been dried? YES NO

Is Fluorine Present?

Hygroscopic

Volatile

Explosive

Sample Drying Conditions (please specify)

____ hrs _____ ° C @ _____ mm Hg

THEORY OR RANGE:

% C _____

% H _____

% N _____

% O _____

% S _____

% Other _____

(specify) _____

Mol. Wt. _____

Amount of Sample Provided _____

Comments: _____

STRUCTURE:

(if possible)

Solvent Used: _____

FOR LABORATORY USE ONLY (do not fill in)

Date Recvd: _____

Client Sample No.: _____

GCL ID: _____

Sample ID: _____