
# **Analytical Data Form**

Name: Purchase Order No:

Address: Quote Ref:

 Sample ID:

 Structural info:

Phone: Storage Conditions:

E mail: Sample Type:

**MSDS Enclosed Y/N**

Please list any other important safety considerations or physical properties of your sample that will require special treatment.

**Elemental Analysis**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Analysis** | **Expected****Value****(% or ppm)** | **Single or Duplicate****Analysis** **(S or D)** | **Quantity of Sample per Determination** | **Turnaround Time** **(5/3/Next Day)** | **Comments** | Found Results**(For Office Use)** |
| ***Example:******ICP:Na*** | ***<50ppm*** | ***D*** | ***50-500mg*** | ***5 days*** |  |  |
| Carbon |  |  | 2mg |  |  |
| Hydrogen |  |  | 2mg |  |  |
| Nitrogen |  |  | 2mg |  |  |
| Chlorine |  |  | 5-10mg |  |  |
| Bromine |  |  | 5-10mg |  |  |
| Iodine |  |  | 5-10mg |  |  |
| Fluorine |  |  | 5-10mg |  |  |
| Sulphur |  |  | 5-10mg |  |  |
| \*ICP |  |  | 50-500mg |  |  |
| \*If more than one element for ICP, please list in comments with expected values you may have. |  |

**Office Use Only**

|  |  |  |
| --- | --- | --- |
| EAI ID |  | Comments |
| Received |  |  |
| No. of techniques: |  | Booked in by: |  | Checked by: |  |

Report Signed: Checked: Date:


# **Analytical Data Form**

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**Other Analysis**

Please circle as appropriate:

|  |  |  |  |
| --- | --- | --- | --- |
| Technique |  | Details | Comments |
| Optical Rotation\* ▼ | Temp °C Concentration g/100ml | Solvent: |  |
| Sulphated Ash▼ | Please supply a minimum of 500mg per analysis |  |

\*Please note the default running conditions for Optical Rotation are 25°C, 1 g/100ml in Methanol where customer has not specified specific conditions.

If type of analysis required is not listed below please complete the box indicated “other”. Please circle analyses required.

|  |  |  |  |
| --- | --- | --- | --- |
| Technique | Type Of Analysis | Conditions required e.g. specific solvent requirements | Comments |
| Mass Spec♦ | EI/CI ESI MALDI-TOF High Resolution Accurate Mass |  |  |
| NMR♦ | 1H 13C 31P 14N 19F 11B 29Si |  |
| TGA♦ |  |  |
| DSC♦ |  |  |
| Chromatography♦ | GC IC HPLC |  |
| IR♦ |  |  |
| Other |  |  |

**MSDS Enclosed Y/N**

Please list any other important safety considerations or physical properties of your sample that will require special treatment

**Structural Information:**

Please include any important structural info if known or molecular formulae

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|  |  |  |
| --- | --- | --- |
| EAI ID |  | Comments |
| Received |  |  |
| No. of techniques: |  | Booked in by: |  | Checked by: |  |

Report Signed: Checked: Date:

