



Warwick Analytical Service

All samples are tested "as received"
 Methods indicated ♦ are carried out by a subcontract laboratory and are not covered under UKAS 17025 accreditation

Methods indicated ▼ are not covered by UKAS 17025 accreditation
 WAS is the Analysis Division of Exeter Analytical (UK) Ltd

Tel: 024 763 23223 Fax: 024 763 23221

Email: info@exeteranalytical.co.uk Web: www.exeteranalytical.co.uk

Analytical Data Form

Name:
Address:

Purchase Order No:
Quote Ref:
Sample ID:

Structural info:

Phone:
E mail:

MSDS Enclosed Y/N

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

Elemental Analysis

Element	Expected Value % wt/wt or ppm	Single Analysis	Duplicate Analysis	Quantity of sample per determination	Turnaround time 5 days/ 3 days	Comments	Found Results (For Office Use)
Example: ICP:Na	<50ppm	✓		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			
ICP:				50-500mg			
ICP:				50-500mg			

Office Use Only

WAS ID				Comments			
Received							
Storage Conditions							
Sample Type							
No. of techniques		Booked in by					

Signed:

Checked:

Date:



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Other Analyses

Please circle as appropriate:

Technique	Details	Turnaround Required
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♦	¹ H ¹³ C ³¹ P ¹⁴ N ¹⁹ F ¹¹ B ²⁹ Si		
TGA♦			
DSC♦			
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

Office Use Only

WAS ID						Comments
Received						
Storage Conditions						
Sample Type						
No. of techniques		Booked in by		Checked by		

Signed:

Checked:

Date: