

# Sample Submission Form

Organic Analysis

**Your Details (Please submit one form for each sample)**

<p><b>Account No.</b></p> <hr/> <p><b>Contact Name</b></p> <hr/> <p><b>Tel. no.</b></p> <hr/> <p><b>E-mail:</b></p> <hr/> <p><b>CC:</b></p> <hr/> <p><b>Purchase Order no.</b></p> <hr/> <p><b>Sample Ref. no.</b></p> <hr/>	<p><b>Company</b></p> <hr/> <p><b>Address</b></p> <hr/>
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Please do not mark above this line

**Sample Information & Analysis**

*Note: Failure to complete any of the boxes in this section will imply sample is not hazardous and requires no special treatment*

**Sensitivities, Risks & Hazards (please tick a minimum of one box)**

Carcinogenic	<input type="checkbox"/>	Volatile	<input type="checkbox"/>	Explosive	<input type="checkbox"/>	<b>Not hazardous</b>	<input type="checkbox"/>
Hygroscopic	<input type="checkbox"/>	Light sensitive	<input type="checkbox"/>	Air sensitive	<input type="checkbox"/>	<b>Unknown</b>	<input type="checkbox"/>

**Preparation and Handling Required**

Drying Required	<input type="checkbox"/>	Air	<input type="checkbox"/>	Vacuum	<input type="checkbox"/>	Temp (°C)	<input type="checkbox"/>	Time (Hours)	<input type="checkbox"/>
Grinding Required	<input type="checkbox"/>	(Note – we are unable to grind samples under an inert atmosphere)							
Handle under dry inert atmosphere	<input type="checkbox"/>	<b>No special treatment required</b>						<input type="checkbox"/>	

**Sample structure / formula, general information etc.**

<b>ELEMENTS</b>	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"/>

\*TOC Analysis not UKAS accredited \*

**Any further comments:**

**Please indicate preferred method(s) of reporting**

Email	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Post	<input type="checkbox"/>
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*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 by prior arrangement.*

<b>Signed</b>		<b>Name*</b>	
			*if different from the above contact name

*For internal use only:*

Date Received	For Review	Declined	Accepted
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