

# Sample Submission Form

Organic Analysis

Please do not mark above this line

Your Details (Please submit one form for each sample)	
<b>Account No.</b> <hr/> <b>Contact Name</b> <hr/> <b>Tel. no.</b> <hr/> <b>E-mail:</b> <hr/> <b>CC:</b> <hr/> <b>Purchase Order no.</b> <hr/> <b>Sample Ref. no.</b> <hr/>	<b>Company</b> <hr/> <b>Address</b> <hr/>

**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"/>			

ELEMENTS	Required	Expected Values (if known)	Sample description / formula, general information.
Carbon	<input type="checkbox"/>	<input type="checkbox"/>	*TOC Analysis not UKAS accredited *
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"/>	

**Any further comments:**

<b>Please indicate preferred method(s) of reporting</b>	Email	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Post	<input type="checkbox"/>
---	-------	--------------------------	-------	--------------------------	------	--------------------------

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	