

Sample Submission Form

Organic Analysis

Please do not mark above this line

Your Details (Please submit one form for each sample)	
Account No. <hr/> Contact Name <hr/> Tel. no. <hr/> E-mail: <hr/> CC: <hr/> Purchase Order no. <hr/> Sample Ref. no. <hr/>	Company <hr/> Address <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"/>	Not hazardous <input type="checkbox"/>																								
Hygroscopic <input type="checkbox"/>	Light sensitive <input type="checkbox"/>																								
Air sensitive <input type="checkbox"/>	Unknown <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"/>	No special treatment required <input type="checkbox"/>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">ELEMENTS</th> <th style="text-align: center;">Required</th> <th style="text-align: center;">Expected Values (if known)</th> </tr> </thead> <tbody> <tr><td>Carbon</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Hydrogen</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Nitrogen</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Oxygen</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Sulphur</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Nitrogen/Protein</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>TOC*</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	ELEMENTS	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"/>	Sample description / formula, general information. <p style="font-size: small;">*TOC Analysis not UKAS accredited *</p>
ELEMENTS	Required	Expected Values (if known)																							
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Any further comments:																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Please indicate preferred method(s) of reporting</td> <td style="text-align: center;">Email <input type="checkbox"/></td> <td style="text-align: center;">Phone <input type="checkbox"/></td> <td style="text-align: center;">Post <input type="checkbox"/></td> </tr> </table> <p style="font-size: small; text-align: center;">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 <u>by prior arrangement</u>.</p>		Please indicate preferred method(s) of reporting	Email <input type="checkbox"/>	Phone <input type="checkbox"/>	Post <input type="checkbox"/>																				
Please indicate preferred method(s) of reporting	Email <input type="checkbox"/>	Phone <input type="checkbox"/>	Post <input type="checkbox"/>																						

Signed		Name*	*if different from the above contact name
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For internal use only:			
Date Received		For Review	
Declined	Accepted		