

# Elemental Analysis Request Form

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Department \_\_\_\_\_ Research Advisor \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Room & Bldg \_\_\_\_\_  
 E-Mail address \_\_\_\_\_ Sample ID \_\_\_\_\_

Fund	CFC	CC	External Billing/PO#
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**Sample Information:**

Molecular Formula: Molecular Weight: Melting Point: Boiling Point:	Structure:
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Sensitivity:    Air \_\_\_ Water \_\_\_    Thermal \_\_\_    Light \_\_\_    Other \_\_\_

Glove Box Handling:     Y     N

Toxicity: \_\_\_\_\_

Special Handling Instructions: \_\_\_\_\_

Elements	Expected Weight %	Analysis Results %
C		
H		
N		

Comments:

Date Completed: \_\_\_\_\_

Cost: \_\_\_\_\_