

Request & Report Sheet of Elemental Analysis

Date(month/day): / /

Department Name:		Approval from Teaching Staff:			
Lab. Name:					
Your Name:					
Your Position : <input type="checkbox"/> Staff <input type="checkbox"/> Student (grade:) Your access extension#:					
Your E-mail:					
Sample Name(Symbolic):					
Molecular Formula:		Molecular Weight:			
property	mp :	°C	Structural Formula:		
	bp :	°C			
	Decompose point	°C			
	State: <input type="checkbox"/> Liquid <input type="checkbox"/> solid				
	<input type="checkbox"/> hygroscopic <input type="checkbox"/> poisonous				
	<input type="checkbox"/> sublimate or volatile				
	<input type="checkbox"/> photodegradability				
	<input type="checkbox"/> handling in Ar atmosphere				
Sample Wt.		mg			
Comment & request for measuring: (Ex. <input type="checkbox"/> Double time measuring, etc.)					
Theoretical cont. (Wt.%)	C:	H:	N:		

Result of (Single time) Measurement

Measured cont. (Wt.%)	C:	H:	N:			Used Sample Wt. (mg)
K-factor	C:	H:	N:			

Measuring Date (month/day): / / (Counter#:) Report No:

Access: TMU – Department of Chemistry – Elemental Analysis Room (Building# 8 – Room #384 ,Ext.#: 3463)

Person in Charge: T.Sakurai (Mon. ~ Thurs. ,8:30~17:15 , E-mail:sakurai-toshihiko@jnmj.tmu.ac.jp)