

Elemental Analysis Request Form

Request Date:

Department :		Supervisor approval :			
Laboratory :					
Name :					
<input type="checkbox"/> Staff <input type="checkbox"/> Student (grade :)					
Extension No. :			E-mail :		
Sample name (Symbolic) :					
Molecular formula :			Molecular weight :		
Properties	Melting point :		°C		
	Boiling point :		°C		
	Physical State : <input type="checkbox"/> Solid <input type="checkbox"/> Liquid				
	<input type="checkbox"/> Hygroscopic <input type="checkbox"/> Toxic				
	<input type="checkbox"/> Volatility <input type="checkbox"/> Explosive				
	<input type="checkbox"/> Chemical reaction by light				
<input type="checkbox"/> Sealed in inert gas (Student/Faculty)					
Total sample weight		mg			
Comment or request for measuring :					
<input type="checkbox"/> Student/Faculty weights and starts					
Theoretical value (Wt. %)	C:	H:	N:		

Analyst entry field

Measured value (Wt. %)	C:	H:	N:	S:	Sample weight (mg)
factor	C:	H:	N:	S:	

Date of Measurement :

No:

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