



GUELPH CHEMICAL LABORATORIES LTD. TECHNOLOGY CENTRE BUILDING

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REQUEST FOR ANALYSIS FORM

Date: _____ Sample No.: _____
Report To: _____
(Name/Address) _____

Supervisor Name: _____ P.O. No: _____
Report By: _____ Air Mail _____ Phone: _____ Fax: _____ Email: _____
(circle one) (as above) _____

Elements to Analyze: _____
Other Elements Present: _____

Rush Service

Non-Rush Service

Single Analysis

Duplicate Analysis

Other (duplicate only if results do not agree with given range)

PHYSICAL/CHEMICAL PROPERTIES:

M.P. _____
B.P. _____ ° C @ _____ mm Hg
Sensitive to _____
Weigh under N? YES NO
Has sample been dried? YES NO

- Is Fluorine Present?
- Hygroscopic
- Volatile
- Explosive

Sample Drying Conditions (please specify)
____ hrs _____ ° C @ _____ mm Hg

THEORY OR RANGE:

% C _____
% H _____
% N _____
% O _____
% S _____
% Other _____
(specify) _____
Mol. Wt. _____
Amount of Sample Provided _____
Comments: _____

STRUCTURE:

(if possible)

Solvent Used: _____

FOR LABORATORY USE ONLY (do not fill in)

Date Recvd: _____
Client Sample No.: _____

Chemisar / GCL ID: _____
Sample ID: _____