

MEDAC LTD

Analytical and chemical consultancy services



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SAMPLE SUBMISSION FORM

Name and Address

Order No.

Invoice Address (if different)

Sample Identification

Molecular Formula

Structure

Tel No. _____

Fax No. _____

Email _____

Date _____ Urgent _____

Tel / Fax / Email / Post results (please indicate)

Elements present _____

Mp / Bp °C _____ Decomp. temp. °C _____

Hygroscopic Air-sensitive Volatile

Toxic Explosive Carcinogenic

Corrosive Light-sensitive Lachrymator

	Single	Duplicate	Metals / Other	Single	Duplicate
CHN			F		
Cl					
Br					
I					
S					
P					

} Please tick box(es)

Comments

For Office Use

Date Received _____

Date Reported _____

C	H	N	Other		File No.	Instrument	Date	Analyst