MEDAC LTD

Analytical and chemical consultancy services

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SAMPLE SUBMISSION FORM

Name and Address

Order No.

Sample Identification

Invoice Address (if different)

Molecular Formula

Structure

Tel No._____

Fax No._____

Email_____

Date_____Urgent_____

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

Elements present _____

Mp / Bp ºC _____ Decomp. temp. ºC _____

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