

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 _____ Urgency _____

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

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

Please tick the box(es)

Comments

For office use

Date received _____

Date reported _____

C	H	N	Other	File No.	Instrument	Date	Analyst

Sample retained

Sample returned

Sample used, vial disposed of