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Sample Submission Form

Elemental Analysis

Telephone: **+44(0)1579 384174** Fax: **+44(0)1579 384174** sales, quotes and orders: sales@oealabs.com

Your Details	
Account No.	Company
Contact Name	
Tel. no.	Address
E-mail:	
CC:	
Purchase Order no.	
Sample Ref. **	
Quote no.	

Please do not mark above this line

Sample Information & Analysis			
<i>Note: Failure to complete any of the boxes in this section will imply sample is not hazardous and requires no special treatment</i>			
Sensitivities, Risks & Hazards (please tick a minimum of one box)			
Carcinogenic <input type="checkbox"/>	Volatile <input type="checkbox"/>	Explosive <input type="checkbox"/>	Not hazardous <input type="checkbox"/>
Hygroscopic <input type="checkbox"/>	Light sensitive <input type="checkbox"/>	Air sensitive <input type="checkbox"/>	Unknown <input type="checkbox"/>
Preparation and Handling Required			
Drying Required <input type="checkbox"/>	Air <input type="checkbox"/>	Vacuum <input type="checkbox"/>	Temp (°C) <input type="checkbox"/> Time (Hours) <input type="checkbox"/>
Grinding Required <input type="checkbox"/>	(Note - we are unable to grind samples under an inert atmosphere)		
Handle under dry inert atmosphere <input type="checkbox"/>	No special treatment required <input type="checkbox"/>		
Analysis details (EA % by combustion)	Required	Expected Values (if known)	Replicates
Carbon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sulfur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis details (EA % by OFC_IC)			
Fluorine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iodine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bromine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sulfur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any further comments, sample description/formula, general information:			
<p>**SAMPLES SHOULD BE SUBMITTED AS DRY, FINELY GROUND POWDERS THAT ARE REPRESENTATIVE OF THE WHOLE AT MILLIGRAM QUANTITIES</p>			
Signed	Name*		<i>*if different from the above contact name</i>

For internal use only: sample submission form v5

Date Received	Reported	Invoiced
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