MICROANALYSIS REQUEST FORM (8/01)

MICRO-MASS FACILITY

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Job No:		Completion date:		
Job Descriptions:			Employee codes:	
	Do n	oot write in this s	pace - laboratory use o	only
User Name (Last, First)			Month/Date/Year	Cost Center No
Faculty Advisor:			Phone No:	
Sample Code:			Campus Address:	
P.O. or IOC No:			Email Address:	
Amount Submitte	ed:		Mar	k all that apply:
Molecular Formula:				Volatile
Molecular Weight:				Hygroscopic - weigh quick
Sample Color:				Air sensitive - Glove Box
Melting Point:			<u></u>	Refrigerate sample
Boiling Point:				Freeze sample
				Explosive
Analysis Requested:				Toxic
Single Duplicate if <_		re if <%		Isotopically Enriched
	Duplicate if >%			Radioactive
Catalyst				
9/0	Estimated	% Found	% Found	
C				
н _				<u></u>
N			<u></u>	
S				<u> </u>
Notes				