

UNIVERSITY OF BRITISH COLUMBIA

Department of Chemistry

2036 Main Mall, Vancouver, BC V6T 1Z1

Tel: 604-827-4212, Fax: 604-822-2847

M.A.# E.A \_\_\_\_\_

Date \_\_\_\_\_

### Request for Microanalysis Services

Submitted By: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Contact (tel. # and/or e-mail) \_\_\_\_\_

Sample Name: \_\_\_\_\_

Sample Information

Formula: \_\_\_\_\_

**Call for sample drop off Ph#.....**

**Check box for sulphur analysis**

**Check box to weigh under N<sub>2</sub>**

Theoretical or Range:

Stability \_\_\_\_\_

\_\_\_\_\_ % N

Hygroscopic: \_\_\_\_\_

\_\_\_\_\_ % C

Volatile: \_\_\_\_\_

\_\_\_\_\_ % H

Sample storage: \_\_\_\_\_

\_\_\_\_\_ % S

**Solvents used:**

\_\_\_\_\_ % [Other]

Hexane...., DCM...., MeCN...., MeOH.... THF...

H<sub>2</sub>O....., Ether... , other.....

**MINIMUM WT REQUIRED FOR CHN ANALYSIS ~ 5mg**

**MINIMUM WT REQUIRED FOR SULPHUR ANALYSIS ~ 10mg**

Additional Information (if known)

Structure or Origin Confirmed by:

MS ----, NMR..., Other (Specify).....

(Provide analysis #)

Results (filled by analyst):

Elements Determined	%N	%C	%H	%S
Analytical Results				
Repeat Results				