

To complete the Thermal Analysis Request form, please do the following:

- ❖ Enter your Sample ID# and ensure that it matches the Sample ID# on your sample vial.
- ❖ Include your name (Requester), company name and address, and email address; *it is essential that you complete this information for correct and timely reporting of your results.*
- ❖ Please include a phone number for contact in the event our analyst has specific questions that may be best answered via a phone conversation rather than a brief email.
- ❖ **You MUST** enter information about the **known hazards and/or sample handling precautions** of your sample(s). Your samples will not be processed without this information.
- ❖ Include either a Purchase Order # (PO#) or credit card information; we cannot process samples for analysis without payment information.
- ❖ If applicable, include a specific method or RML AP# that applies to your requested analysis.
- ❖ Check the appropriate section for the analyses being requested. Include specific parameters if required for DSC, TGA, or Melting Point or Range if other than default conditions are required.
- ❖ Please provide any additional information, analysis, or handling instructions regarding your sample(s) in the **Customer Special Instructions** section.
- ❖ Choose any additional services required from the checkbox list (default options are automatically selected on the form).
- ❖ The completed Analysis Request form **MUST** be included with your sample submission.

*Please contact us with any questions you may have when completing the form. **Delays in processing your samples may occur with incomplete or incorrect information.***

THERMAL ANALYSIS REQUEST

Sample ID:	Date:
Requester:	Email:
Company:	Phone #:
Address:	
PO# OR CREDIT CARD INFO: (REQUIRED)	
Method or AP#:	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>DSC: (10 mg sample required) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Use Default Parameters: <input type="checkbox"/></p> <p>Sealed Pan</p> <p>Heating Rate 10°C/min</p> <p>Melting Point _____ °C</p> <p>(temp range will be based on MP)</p> <p>***If no MP provided, we will run melting point for DSC purposes (\$50 charge)</p> <p>Type of transition expected (if known):</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> cGMP* <input type="checkbox"/> cGMP Raw Data *</p> <p>Use Client Parameters: <input type="checkbox"/></p> <p>Type of Pan: <input type="checkbox"/> Sealed <input type="checkbox"/> Perforated</p> <p>Heating Rate: _____</p> <p>Temp Range: _____ °C to _____ °C</p> <p>(normal range within 0 °C to 600 °C)</p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>TGA: (10 mg sample required) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Use Default Parameters: <input type="checkbox"/></p> <p>Heating Rate 10°C/min</p> <p>Temp range: ambient—350°C</p> <p>Graphic report options: <input type="checkbox"/> % weight loss vs. temp. <input type="checkbox"/> other _____</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> cGMP* <input type="checkbox"/> cGMP Raw Data *</p> <p>Use Client Parameters: <input type="checkbox"/></p> <p>Heating Rate: _____</p> <p>Temp Range: _____ °C to _____ °C</p> <p>(normal range within ambient to 700 °C)</p> </div> </div>	
<p>MELTING POINT: <input type="checkbox"/> YES <input type="checkbox"/> NO Amount of Sample Provided: _____</p> <p style="text-align: center;"><input type="checkbox"/> cGMP* <input type="checkbox"/> cGMP Raw Data *</p>	
*additional charges apply for all cGMP services	
CUSTOMER SPECIAL INSTRUCTIONS:	LIST KNOWN HAZARDS and/or SAMPLE HANDLING PRECAUTIONS (Samples WILL NOT be accepted if this section is left blank)