MICRO-ANALYSIS INC.

MICRO-ANALYSIS, INC. P.O. BOX 5088, DE 19808 PHONE (302) 994-6531

REQUEST FOR ANALYSIS

A 3 TO 10 MG.SAMPLE SHOULD BE SUFFICIENT FOR EACH SINGLE DETERMINATION

REPORT TO	**PHONE**	**DATE**
ADDRESS		**ORDER NO.**

SAMPLE DESCRIPTION AND IDENTIFICATION	**ANALYSES REQUESTED APPROXIMATE VALUE**	
	SINGLE	☐
	DUPLICATE	☐
	DUPLICATE ONLY IF SINGLE DOES NOT AGREE WITH THEORY	☐

FILLL IN ONLY IF SAMPLE IS TO BE DRIED

DRY _____ HOURS AT _____ ^{0}C. **VACCUM OVEN REGULAR**

YES ☐

MP _____ ^{0}C **HYGROSCOPIC** **NO** ☐

BP _____ ^{0}C. AT _____ MM. **EMPIRICAL FORMULA _____**

PROBABLE STRUCTURE

ANY SPECIAL INSTRUCTIONS