

# DSC Analysis Request Form

Date: \_\_\_\_\_

**SUBMITTED BY**

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

E-mail address: \_\_\_\_\_

Direct Tel. No.: \_\_\_\_\_

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

Lab Number: \_\_\_\_\_

 School/Centre: *Tick all that apply.*

- 
- Queen's University Belfast
- 
- 
- School of Chemistry and Chemical Engineering
- 
- 
- Other School \_\_\_\_\_

- 
- External
- 
- 
- Almac
- 
- Radox
- 
- 
- GLT
- 
- Other \_\_\_\_\_
- 
- 
- MOF

Individual Category:

- 
- Undergraduate Practical/Project
- 
- 
- Masters
- 
- 
- Post-graduate
- 
- 
- Postdoctoral
- 
- 
- Staff
- 
- 
- Other \_\_\_\_\_

**DETAILS OF SAMPLE(S)**

Type of Sample(s)

- 
- Inorganic
- 
- 
- Ionic Liquid
- 
- 
- Organic

Previously submitted:












- 
- Yes
- 
- No. of Times \_\_\_\_\_
- 
- 
- No

Sample(s) (Maximum of 3)			
	1	2	3
Sample Code			
Mol. Weight			
Mol. Formula			
M.Pt Range			

Physical State(s): \_\_\_\_\_

Additional Information: (e.g. Hygroscopic/odorous) \_\_\_\_\_

**SAFETY** (Tick all that Apply) ASEP reserve the right to refuse to test samples if they pose a risk to our staff. The request may be forwarded to your supervisor.

										
Health Hazard	Toxic	Corrosive	Irritant	Flammable	Oxidising	Explosive	Compressed Gas	Dangerous for the environment	Biological	Radioactive

Additional Recommended Safety Controls: \_\_\_\_\_

**CHECKLIST** If you are not able to CHECK all of the boxes below, please speak to a member of ASEP BEFORE submitting your sample.

- 
- Sample(s) submitted in screw top vials
- 
- 
- A maximum of 3 samples have been submitted
- 
- 
- 10 -20 mg of sample provided
- 
- 
- All relevant information has been provided in this form
- 
- 
- If decomposition temperature is unknown, the sample can not be submitted until it has been submitted for TGA first.

**EXPERIMENTAL DETAILS**

Gas flow rate: _____ <input type="checkbox"/> Nitrogen <input type="checkbox"/> Air Decomposition Temp: _____ Start Temp: _____ End Temp: (Max 500 °C) _____ Heating rate: (If unknown, state unknown) _____	Is the sample stable at room temperature <input type="checkbox"/> Yes <input type="checkbox"/> No
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**RESULTS** (To be completed by the analyst)

	1	2	3
Sample Number			
ASEP Sample Code			
Results Emailed	Y / N	Y / N	Y / N

Results will be emailed to the person submitting samples using the e-mail address provided on this form.

*N.B. You must collect your samples before you can submit any more.*

Comments \_\_\_\_\_

Analyst \_\_\_\_\_

Date: \_\_\_\_\_