

TGA 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			
Decomposition temperature			

Physical State(s): _____

Decomposition Products: (e.g. HCl / HCN) _____

Additional Information: (e.g. Hydroscopic/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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
-
-
- No more than 3 samples have been submitted
-
-
- 10 -20 mg of sample provided
-
-
- All relevant information has been provided in this form

EXPERIMENTAL DETAILS

Gas flow rate: <input type="checkbox"/> Nitrogen <input type="checkbox"/> Air Start Temp: _____ End Temp: _____ 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)

Sample Number	1	2	3
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:
