
SCHWARZKOPF MICROANALYTICAL LABORATORY

56-19 37th Avenue, Woodside, NY 11377
Tel. (718) 429-6248 Fax: (718) 429-5785

Date _____

REQUEST FOR ANALYSIS

Fax No. _____

Report to: _____ Tel. No. _____

Charge to: _____ P.O. No. _____

Sample No.: _____ Dry Box

Mp: _____ Bp: _____ Sensitive to: _____ Toxic

Dry at: _____ °C/ _____ mm Hygroscopic Volatile

Elements Present: _____ Explosive

Type of Compound: _____ Mol. Wt.: _____

Analysis Request: _____

Theory or Range: C _____ H _____ N _____ S _____ Hal _____

Single Duplicate Duplicate if not in range

Remarks: _____

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