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# Sample Submission Form

Elemental Analysis

Telephone: **+44(0)1579 384174** Fax: **+44(0)1579 384174** sales, quotes and orders: [sales@oealabs.com](mailto:sales@oealabs.com)

Your Details	
<b>Account No./client code</b>	<b>Company</b>
<b>Contact Name</b>	<b>Address</b>
<b>Tel. no.</b>	
<b>E-mail:</b>	
<b>CC:</b>	
<b>Purchase Order no.</b>	
<b>Sample Ref. **</b>	

Please do not mark above this line

Sample Information & Analysis					
<i>Note: Failure to complete any of the boxes in this section will imply sample is not hazardous and requires no special treatment</i>					
<b>Sensitivities, Risks &amp; Hazards (please tick a minimum of one box)</b>					
Carcinogenic <input type="checkbox"/>	Volatile <input type="checkbox"/>	Explosive <input type="checkbox"/>	Not hazardous <input type="checkbox"/>		
Hygroscopic <input type="checkbox"/>	Light sensitive <input type="checkbox"/>	Air sensitive <input type="checkbox"/>	Unknown <input type="checkbox"/>		
<b>Preparation and Handling Required</b>					
Drying Required <input type="checkbox"/>	Air <input type="checkbox"/>	Vacuum <input type="checkbox"/>	Temp (°C) <input type="checkbox"/>	Time (Hours) <input type="checkbox"/>	
Grinding Required <input type="checkbox"/>	(Note – we are unable to grind samples under an inert atmosphere)				
Handle under dry inert atmosphere <input type="checkbox"/>	<b>No special treatment required</b> <input type="checkbox"/>				
<b>Analysis details (EA % by combustion)</b>	Required <input checked="" type="checkbox"/>	Expected Values (if known)	Replicates	<b>Any further comments, sample description/formula, general information:</b>             <b>**SAMPLES SHOULD BE SUBMITTED AS DRY, FINELY GROUND POWDERS THAT ARE REPRESENTATIVE OF THE WHOLE AT MILLIGRAM QUANTITIES</b>	
Carbon					
Hydrogen					
Nitrogen					
Oxygen					
Sulfur					
<b>Analysis details (EA % by OFC_IC)</b>					
Fluorine					
Chlorine					
Iodine					
Bromine					
Sulfur					
<b>Signed</b>		<b>Name*</b>			<i>*if different from the above contact name</i>

For internal use only: sample submission form v5

Date Received		Reported		Invoiced	
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