

**REQUISITION FORM - CHNS-O ANALYSIS**

Name				
Category	Internal			
	External			
Address				
Email				
Mobile Number				
Sample ID				
Nature of Sample				
Number of Samples				
Elements to be Analysed	<input type="checkbox"/> Carbon	<input type="checkbox"/> Hydrogen	<input type="checkbox"/> Nitrogen	<input type="checkbox"/> Sulphur <input type="checkbox"/> Oxygen
Sample Submission Date				

**NOTE**

1. The sample required is 10 g for solids and 10 ml for liquids.
2. Solid samples should be dry and completely powdered.
3. Samples containing Fluorine are not accepted.
4. Samples will be stored for a week after report submission.
5. Any clarification regarding the result has to be cleared in a week from the receipt of report submission.

Date & Place

Signature of the User

**OFFICE USE ONLY**

Sample received on	
Sample analysed on	
Result reported date	
Remarks	
Job carried out by:Mr./Ms./Dr.	