

**Requisition form - CHNS-O analysis**

|                         |                                 |                                   |  |
|-------------------------|---------------------------------|-----------------------------------|--|
| Name                    |                                 |                                   |  |
| Category                | Internal                        |                                   |  |
|                         | External                        |                                   |  |
| Address                 |                                 |                                   |  |
| Email                   |                                 |                                   |  |
| Mobile number           |                                 |                                   |  |
| Sample ID               |                                 |                                   |  |
| Number of samples       |                                 |                                   |  |
| Nature of sample        |                                 |                                   |  |
| 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 generation.
5. Any clarification regarding the result has to be cleared in a week from the receipt of report submission.

Date & Place

Signature of the Customer

**Office use only**

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