

# Indian Institute of Technology (ISM), Dhanbad

Central Research Facility (CRF)

Requisition Form for Elemental Analysis -CHNS/O

**User Type: Internal/ External (University/ National Lab/ R & D/  
Industry)**

Name of the user:
Email
Contact No:
Name of the Institute/Organization:
Address of Institute / Organization:

Name of Guide/PI:
Email
Contact No

**Number of Samples:**

**Sample details:**

Sample Code/Name:	CHNS	O	Both	Elements present (please mention if any halides are present)	Expected Percentage

**Any other instructions:** .....

- **Sample weight should be 2-6 mg.**
- Submitted sample must not contain any explosive component like perchlorate, nitrate etc.
- It shouldn't be hygroscopic.
- *All Samples will be discarded within 7 days of analysis. If you wish to collect the samples then you are required to make arrangement for the same. CRF office will not dispatch the same to users under any circumstances.*

Kindly Tick/ mention whichever is applicable for the following:

1. **Sample Type:** Solid (Powder/Pellet/Bulk)/Liquid/Dispersion/emulsion/Gel/Oil/Others (Specify)
2. **Sample Properties:** Carcinogenic (carcinogenicity level-----) /Non Carcinogenic Radioactive/ Explosive /Toxic/Corrosive/Flammable/ Non-flammable/Other(specify)
3. **Stability of sample:** Stable under RTP, hygroscopic, sublimes, reactive in air/moisture/ light/heat

4. **Whether incompatible with any material:** Yes/No (Specify the materials)
  
5. **Toxicity:** Hazardous/ Non-hazardous
  
6. **Health hazards:** Yes/No(irritant to skin/irritant to eyes/harmful to skin/ toxic if inhaled/toxic if ingested)
  
7. **First aid measures:** Eye/Skin/Inhalation/ Ingestion/Others(specify)
  
8. **Disposal Method of sample:**
9. **Label the sample(s)/ sample container(s) with hazard category:**
10. **Additional information if any:**

### **Declaration**

I confirm that the samples submitted for analysis are for research purpose only and the above furnished details are correct and true to the best of my knowledge. I understand that I will be held responsible for any damages arising from incorrect information provided by me against points 1-10.

I agree to acknowledge CRF IIT(ISM) Dhanbad for providing (Instrument name) analytical facility for my research work, in my publications.

Signature of the User

Signature of the Guide/ HOD/In Charge

seal / stamp

Date:

Place: