

Request for CHNS Analysis

Date		School / Department	
Analysis requested by		Supervisor's Name	
Contact Phone		Supervisor's Phone	
Contact Email		Supervisor's Email	
Project Type <input type="checkbox"/> Research <input type="checkbox"/> UG / Honours <input type="checkbox"/> Consulting <input type="checkbox"/> Other			
Account for Charges:		Supervisor/Manager's Signature	
1. Project Code			
2. Fund Code			
3. Dept. ID			
4. Supervisor ORCHID			

Sample No. and Description: (Please specify the sample type: e.g., plant, fertilizer, synthetic organic, soil, oxide, alloy, etc.)

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(If you have more samples to list, please use the next page)

Total Number of Analyses (including duplicates):

Components required: C ☐ H ☐ N ☐ S ☐

Do you want the sample/s returned? Yes ☐ No ☐

Does your sample contain >1-2% of the following substances?

- | | | |
|--|------------------------------|-----------------------------|
| (1) Alkaline/alkaline-earth substances (e.g., Li, Na, Ca, Mg, etc.): | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (2) Phosphate substances: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (3) Halogen substances (e.g., F, Cl, Br, etc.): | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (4) Heavy volatile metal substances (e.g., Pb, Hg, As, etc.): | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Any hazard or safety concern (If yes, please specify and provide the SDS): Yes ☐ No ☐

Have the samples been treated with acids? Yes ☐ No ☐

(If yes, please wash with water and dry thoroughly before sample submission)

Expected Concentration Ranges: (e.g., 40% C, 20% N, etc.)

Notes

Recommended sample weight is 30 mg for general samples and **60 mg** for soil samples.

Please submit a complete list of sample numbers. For large batches, please number samples consecutively.

Please note that the instrument can only measure C, H, N, and S from organic matters.

PLEASE COLLECT SAMPLES WITHIN 2 WEEKS OF ANALYSIS COMPLETION - SAMPLES WILL NOT BE KEPT

Office Use Only

Date:	Rate \$/Sample:	Total Number of Samples:	Total Cost:
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Additional Samples

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