

CHN Analytical Laboratory
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Submission date: _____

Analysis date: _____

Elemental Analysis Request Form

Name: _____ e-mail: _____

Account No.: _____

Supervisor: _____ Signature: _____

Sample Code: _____

Expected Values:

Obtained Result 1:

Obtained Result 2:

%C : _____

%C : _____

%C : _____

%H : _____

%H : _____

%H : _____

%N : _____

%N : _____

%N : _____

Other elements: _____

- Single determination
- Double determination
- Triple determination
- Double determination if out of expected value

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Pricing:

Single determination	\$15.00
Double determination	\$20.00
Triple determination	\$30.00