

Date

THERMAL ANALYSIS (TA Instruments)

The order with missing informations will be rejected!

ORDERING PERSON:

Name and SurnameSignature.....

SUPERVISOR:

Name and SurnameSignature.....

DEPARTMENT:.....

PAYMENT:.....

(PDB, Grant- number)

DISPONENT OF PAYMENT:

Name and SurnameSignature.....

METHOD (minimum sample quantity 5mg)

Temperature range (°C):

Heating rate (°C/min):

Gas atmosphere above the sample:

Gas flow rate (ml/min):

SAMPLE NAME:

Number of analyses:

Contact (phone, e-mail):

COMMENTS:

Date

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