

LABORATÓRIO DE ANÁLISES DEPARTAMENTO DE QUÍMICA

FCT NOVA

Gas Chromatography TCD

ANALYSIS REQUEST

	Versão 2	Abr2020								
	FCT NOVA LAQV/REQUIMTE									
	Laboratório 211/213									
	2829-516 Monte de Caparica									
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Um Laboratório ao Serviço da Academia e da Indústria

Restricted to the Laboratory											
REFERENCE	SUBMISSION DATE		ANALYSIS DATE								

- For samples with identical methodology, submit just one completed form.
- Only gas samples. The samples must come in an appropriate sealed bag/container, equipped with a sampling point for syringes. Alternatively, in situ sampling can be done with a gas-tight syringe, whenever possible (internal samples only);

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1.	App	olicai	nt info	rmatio	1																
NAME														Емаі	L						
SUPERVISOR														Емаі	L						
TELF/E	XT.													GRO	JP/L	_AB					
INVOICE				PLURI		ENTITY:											VAT				
ADDRESS			QUOTE																		
2. Sample information																					
IDENTIFICATION		•											N	NR OF SAMPLES							
COMPOSITION																					
CONCE	ENTR	ATIO	N RAN	IGE																	
ANY PF	REVIO	ous A	ANALY	SIS OF T	No YES, REFER						FERE	ENCE:									
SAMPL	E RE	TUR	N (when applicable and to b				collected in the laboratory)							YES					No		
SAFETY MEASURES AND HAZARDS																					
3.	Met	thod	inforr	nation -	please	e atta	ch rel	levar	nt info	rma	tion (a	arti	cles.	refere	nce	es. to	ech	nical n	otes	. etc.)	
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I		COL	DLUMN										SPLI	LIT, ratio:							
METHO	DD D	FLO	OW (HE)											LITLESS, time:							
		V _{INJE}			TINJECT	OR	TEMPER				ATURE PROGRAM										
	[I_															
			H ₂			O ₂				N ₂			СН		H ₄	4					
ANALITE			CO ₂				СО				C ₂ H ₆					C₃H ₈					
				OTHER																	
RESULTS				PDF			XLS/	XLS/ASCII/TXT (chromatogram, ta					ım, tab	oles)				Raw	(analy	/sis file)
Notes		I_		L									,		I						
4.	Sig	natu	res an	d autho	orizatio	ns	1								-						
A PPLICANT						SUF	SUPERVISOR						TECHNICIAN								