**Order form for TGA measurements**

**Date:……………………..**

**Name:…………………………………………………………… Dept.…………………......**

**Tel……………………......**

**Kind of sample:………………………………………………………………………………...**

|  |  |  |
| --- | --- | --- |
| **Sample index** | **Components** | **Ratio** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Solvent used before freeze drying:........................................**

**Temperature range:...............................................................**

**Heating rate:...........................................................................**

**Atmosphere: N2 / O2**

**Sample contains metal: yes / no**

**Sort of metal: .............................**

**Explosion risk: yes / no**

**Special remarks:**