



Contact Information

Name:

Company:

Tel. No:

Fax:

e-mail:

Sample Ref No:

Address

Date

Hazards

(Sample will only be run if all hazards are stated or MSDS form supplied)

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Carcinogenic | <input type="checkbox"/> Lachrymatory |
| <input type="checkbox"/> Corrosive | <input type="checkbox"/> Oxidising |
| <input type="checkbox"/> Harmful | <input type="checkbox"/> Explosive |
| <input type="checkbox"/> Irritant | <input type="checkbox"/> Flammable |
| <input type="checkbox"/> Toxic | |

COSHH No

Formula

RMM

Sample Weight

Required Techniques:

- | | |
|-----------------------------|-----------------------------------|
| <input type="checkbox"/> EI | <input type="checkbox"/> LSIMS |
| <input type="checkbox"/> CI | <input type="checkbox"/> MALDI |
| <input type="checkbox"/> ES | <input type="checkbox"/> Acc Mass |

Properties

Boiling point.

Melting point.

Stability

Soluble in

Air sensitive

Hygroscopic

Solvated

Other:-

Suspected Structure