



REQUISITION FORM FOR THERMOGRAVIMETRIC ANALYSIS (TGA)

NAME: <input type="text"/>		For Office Use Only
DESIGNATION: <input type="text"/>		Reference No. <input type="text"/>
ADDRESS: <input type="text"/>		DATE: / /
TEL. / MOBILE NO.: <input type="text"/>	EMAIL: <input type="text"/>	
CODE OF SAMPLES: <input type="text"/>		
NATURE OF SAMPLES:		
	1. SOLID	<input type="checkbox"/>
	2. LIQUID	<input type="checkbox"/>
	3. METALLIC	<input type="checkbox"/>
ATMOSPHERE:		
	1. NITROGEN	<input type="checkbox"/>
	2. AIR	<input type="checkbox"/>
MELTING POINT OF SAMPLE (if known): <input type="text"/>		
REQUIRED TEMPERATURE RANGE: <input type="text"/>		
REQUIRED HEATING/COOLING RATE: <input type="text"/>		
DECOMPOSITION TEMPERATURE OF SAMPLE: <input type="text"/>		
SIGNATURE		DATE: / /
<input type="text"/>		