



# Application Request

## Dumas

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City / Country: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Field of application

		remarks
Academia	<input type="checkbox"/>	_____
Chemistry	<input type="checkbox"/>	_____
Environment	<input type="checkbox"/>	_____
Feed	<input type="checkbox"/>	_____
Food and Beverage	<input type="checkbox"/>	_____
Pharma	<input type="checkbox"/>	_____
Others	<input type="checkbox"/>	_____

### Name of material / analyte to be analyzed

\_\_\_\_\_

### Description of request (Enter detailed information and a precise description of your request.)

\_\_\_\_\_

\_\_\_\_\_

### Sample description

	yes	no	remarks
Material is industrial batch	<input type="checkbox"/>	<input type="checkbox"/>	_____
Material is certified standard	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expected content of analyte			_____
Storage conditions			_____

### Desired application

Sample homogenization	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sample preparation	<input type="checkbox"/>	<input type="checkbox"/>	_____

What kind of analysis will be done? \_\_\_\_\_

Actual method of the customer \_\_\_\_\_

Is the customer following an official norm? \_\_\_\_\_

**Aspects of health and safety\*** (Is the product considered to be hazardous?)

	yes	no
Carcinogenic	<input type="checkbox"/> **	<input type="checkbox"/>
Mutagenic	<input type="checkbox"/> **	<input type="checkbox"/>
Toxic	<input type="checkbox"/> **	<input type="checkbox"/>
Irritant	<input type="checkbox"/>	<input type="checkbox"/>
Oxidant	<input type="checkbox"/>	<input type="checkbox"/>
Explosive	<input type="checkbox"/> **	<input type="checkbox"/>
Sample handling in a fume hood required	<input type="checkbox"/>	<input type="checkbox"/>
Gloves required for sample handling	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

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\* Please contact your BUCHI representative before sending a sample. Samples without proper description and/or without material safety data sheet (MSDS) are refused.

\*\* We preserve the right to refuse a sample marked as carcinogenic, mutagenic, toxic and explosive. Please attach material safety data sheet (MSDS)!

**Expected results, accuracies and obtained results**

	yes	no
Results and report have to be treated confidential.	<input type="checkbox"/>	<input type="checkbox"/>
Is it necessary to send the sample back to the customer?	<input type="checkbox"/>	<input type="checkbox"/>

Sample	Determination of	Method used for deter.	Exp. Result / Range [unit]	sd	rsd [%]

**Sales information**

	yes	no	
Instrument in operation (If yes, enter serial number)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Comparison with competitor (If yes, specify competitor(s))	<input type="checkbox"/>	<input type="checkbox"/>	_____
Instrument to be purchased	<input type="checkbox"/>	<input type="checkbox"/>	_____

One experimental day for feasibility tests is free of charge, including report. For additional effort, BUCHI will charge a daily fee. In this case BUCHI will contact you in advance.

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_