



Application Request Extraction

Company name: _____

Address: _____

City / Country: _____

Contact person: _____

Title: _____

Telephone: _____

Fax: _____

E-mail: _____

Field of application	yes	no	remarks
Academia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemistry	<input type="checkbox"/>	<input type="checkbox"/>	_____
Environment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Feed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food and Beverage	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pharma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Others	<input type="checkbox"/>	<input type="checkbox"/>	_____

Name of material / analyte to be extracted

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

Which BUCHI extraction unit should be used? _____

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"/>	_____
Storage conditions			_____

Desired application (Please give as much information as possible.)

Sample homogenization _____

Sample preparation _____

Sample pretreatment _____

Solvent _____

Temperature _____

Number of cycles or extraction time _____

Is it necessary to perform a clean-up after extraction? _____

What kind of analysis will be done (gravimetrically, GC etc.)? _____

Which extraction method does the customer use now? _____

Is the customer following an official norm? _____

What is minimum/maximum sample amount? _____

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 on foam hood required?	<input type="checkbox"/>	<input type="checkbox"/>
Gloves required for sample handling	<input type="checkbox"/>	<input type="checkbox"/>

Remarks: _____

* 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 extracts

	yes	no
Results and report have to be treated confidential.	<input type="checkbox"/>	<input type="checkbox"/>
Is it necessary to send the extract back to the customer for analysis?	<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 CHF 1500.— per day + service tax. In this case we will contact you in advance.

BÜCHI Labortechnik AG
 Application Lab
 Meierseggstrasse 40
 CH – 9230 Flawil 1
 T +41 71 394 63 63
 F +41 71 394 65 65
 buchi@buchi.com

Date: _____

Name: _____

Signature: _____