



Application Request

Melting Point

Company name: _____

Address: _____

City / Country: _____

Contact person: _____

Telephone: _____

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 substance to be measured

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

Boiling Point	<input type="checkbox"/>
Melting Point	<input type="checkbox"/>
└ Pharmacopoea	<input type="checkbox"/>
└ Thermodynamic	<input type="checkbox"/>
└ Range	<input type="checkbox"/>

Sample description

	yes	no	remarks
Pure substance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mixture	<input type="checkbox"/>	<input type="checkbox"/>	_____

Describe substances, incl. purity and toxicity.

Substance 1: _____

Substance 2: _____

Substance with known m.p. / b.p or range	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe m.p. / b.p or range	_____	
Is the substance / mixture a synthetic product?	<input type="checkbox"/>	<input type="checkbox"/>
Is the substance / mixture a natural product?	<input type="checkbox"/>	<input type="checkbox"/>
└ of animal origin?	<input type="checkbox"/>	<input type="checkbox"/>
└ of plant origin?	<input type="checkbox"/>	<input type="checkbox"/>
└ other?	<input type="checkbox"/>	<input type="checkbox"/>
Is the substance oxygen sensitive?	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
Corrosive	<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"/>
Flammable	<input type="checkbox"/>	<input type="checkbox"/>
Unstable / reactive	<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)!

Available information on the sample

Enter detailed information about the sample preparation, origin etc.

Results and obtained fractions	yes	no
Results and report have to be treated confidential.	<input type="checkbox"/>	<input type="checkbox"/>

The results are summarized in a report. Sample is stored for one month. Sample is not sent back.

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"/>	_____
Other	_____		

One experimental day for feasibility tests is free of charge, including report. Please be advised that we can only suggest a qualitative solution for the sample submitted, not a quantitative one (analyte recovery). 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: _____