



# Application Request

## Laboratory Evaporation

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 solvent / mixture to be evaporated

\_\_\_\_\_

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

Distillation	<input type="checkbox"/>	_____
Drying	<input type="checkbox"/>	_____
Concentration	<input type="checkbox"/>	_____
Sublimation	<input type="checkbox"/>	_____
Reflux reaction	<input type="checkbox"/>	_____
Soxhlet extraction	<input type="checkbox"/>	_____
Re-crystallization	<input type="checkbox"/>	_____

### Sample description

	yes	no	remarks
Pure solvent			_____
Solution (enter concentration of key component)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Describe solvents, incl. purity and toxicity. Solvent 1:	_____		
Solvent 2:	_____		
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"/>	
Optimum sample temperature	_____		
Optimum sample temperature	_____		

**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, e.g. solubility, concentration, boiling point conditions for good evaporation, 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. Obtained solutions are stored for one month. Obtained solutions are 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: \_\_\_\_\_