

Sample Analysis Request Form

IonSense Sample #: _____

Please fill out and print a separate form for each sample submitted.

Send all samples and forms to:

IonSense, Inc. Attn: Chemistry Department
999 Broadway Suite 404 Saugus, MA 01906 USA

Your Name _____ Date _____

Your Company _____

Address _____

City _____ State _____ ZIP _____

Tel _____ x _____ Fax _____

Email _____ Website _____

Sample Information:

Sample Name _____

Sample State (Circle one) Solid Liquid Gas Solution

Solvent (if a solution) _____

Quantity or Concentration _____

Molecular Weight _____

Elemental Composition _____

Proposed Structure

Handling Precautions: (Circle all that apply)

Toxic Air Sensitive Heat Sensitive Refrigerate Store in Freezer

Other (Please describe) _____

Are results proprietary? Yes No May IonSense use the data? Yes No

Additional Comments _____

Revision History			
REV	DCR #	Description of Change	Effective Date
1	040	Initial Release of document, and into Doc Control	11/8/2013
2	306	Changed Attn from Joe Lapointe to Chemistry Department	12/03/2015