

**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: Elizabeth Crawford  
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 \_\_\_\_\_