

Date:

Name:

Title:

Phone:

Email:

Company:

Address:

Postal code:

City:

Sample details

Description of sample:

Particle material:

Particle density:

Particle refractive index:

Particle (light) absorption:

gr/l

Soluble in water: Yes No

If yes, what liquid(s) can be used for analysis:

Particles are: Solid Porous Other:

Suspension medium details

Description of suspension medium:

Density:

gr/l

Viscosity:

Refractive index:

Are suspending agents/surfactants used: Yes No

If yes, which agents:

Can ultrasonic agitation been used to disperse the particles: Yes No

Storage conditions: Room Temperature Refrigerator Freezer Dark

Other:

Hazards (attach MSDS where needed)

None

Toxic

Flammeable

Other:

Special properties of the sample:

How is the sample measured now:

What is the particle size range you are interested in:

Notes: