

Internal Laboratory Number:

**Order**  
**for the**  
**Analytical Laboratory of the Institute of Inorganic Chemistry**  
**of the Georg-August-University Göttingen**

*Please fill in :*

Name :

Division :

Date:

Invoice address :

Phone :

Extraordinarities of the substance :

air sensitive                flammable                        light sensitive           

moisture sensitive                explosive                        toxic           

other :

Name of substance	Element to analyze in %	Mass portion expected in %	Other elements in %

**Example:**

K Meyer 12	C/H/N/S	60/10/20/4	O <sub>2</sub> 2, Cl 4
K Meyer 12	Cl	4	C 60, H 10, N 20, O <sub>2</sub> 2