



Request Form

Name. <u>Malcolm Halliwell</u>	Account No. <u>RA. CHEM. 404523</u>
Sample ref. <u>R58</u>	Supervisor. <u>MAH</u>
Department. <u>Inorg & Mater</u>	Signature. <u>[Signature]</u>
Room No. <u>129</u> Tel. <u>36506</u>	Date. <u>17/09/15</u>
e-mail. <u>Mal.halliwell@leeds.ac.uk</u>	(Please fill in fully & in BLOCK CAPITALS, failure could result in delay)

<h2>Properties & Hazards</h2> <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>Unknown</td> </tr> <tr> <td>Non Hazardous</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Toxic</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Carcinogenic</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Explosive</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Air Sensitive</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Hygroscopic</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Light Sensitive</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Volatile</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Electrostatic</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Strong odour</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>Other.</p> <p>M/pt. / B/pt. °C</p> <p>Solid <input type="checkbox"/> , Liquid <input type="checkbox"/></p> <p>Type of compound -</p>		YES	NO	Unknown	Non Hazardous	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toxic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carcinogenic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Explosive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Air Sensitive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hygroscopic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Light Sensitive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Volatile	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrostatic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Strong odour	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<h2>Structure & Empirical Formula</h2> <div style="text-align: center;"> </div> <p>Formula. <u>[C₁₂H₁₄N₃Au]_n</u></p>
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Is there POSSIBILITY for the presence of FLUORINE? YES ☒ / NO ☐

Analysis Required		Theoretical (%)	Found (%)
Carbon	<input checked="" type="checkbox"/>	<u>36.3</u>	<u>36.30</u>
Hydrogen	<input checked="" type="checkbox"/>	<u>3.55</u>	<u>3.50</u>
Nitrogen	<input checked="" type="checkbox"/>	<u>10.6</u>	<u>10.50</u>
Sulphur	<input type="checkbox"/>		
Halogen	<input type="checkbox"/>		
Other #1	<input type="checkbox"/>		
Other #2	<input type="checkbox"/>		
Other #3	<input type="checkbox"/>		

Micro ID: 596/2015 ; Signature: 23. 9. 2015 T. A - C (Office use only)