



Request Form

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|--|---|
| Name. <u>Nalador Halow</u> | Account No. <u>RA.CAM.484323</u> |
| Sample ref. <u>RSU</u> | Supervisor. <u>MAH</u> |
| Department. <u>LEM</u> | Signature. <u>[Signature]</u> |
| Room No. <u>1-26</u> Tel. <u>36506</u> | Date. <u>08/10/15</u> |
| e-mail. <u>M.A.halow@leeds</u> | (Please fill in fully & in BLOCK CAPITALS, failure could result in delay) |

| <u>Properties & Hazards</u> | <u>Structure & Empirical Formula</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------------------|-------------------------------------|---------|---------------|--------------------------|--------------------------|-------------------------------------|-------|--------------------------|-------------------------------------|--------------------------|--------------|--------------------------|-------------------------------------|--------------------------|-----------|--------------------------|-------------------------------------|--------------------------|---------------|--------------------------|-------------------------------------|--------------------------|-------------|--------------------------|-------------------------------------|--------------------------|-----------------|--------------------------|-------------------------------------|--------------------------|----------|--------------------------|-------------------------------------|--------------------------|---------------|--------------------------|-------------------------------------|--------------------------|--------------|--------------------------|-------------------------------------|--------------------------|---|
| <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 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 checked="" type="checkbox"/></td> <td><input 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 type="checkbox"/> | Hygroscopic | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Light Sensitive | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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"/> | <p><u>[Au₄Ag₂Li₄](Br)₂</u></p> <p><u>[Structure Diagram]</u></p> <p>Formula. <u>C₄₀H₄₀N₁₂Ag₂Au₄Br₂F₈</u></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 type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hygroscopic | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Light Sensitive | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Is there POSSIBILITY for the presence of FLUORINE? YES ☒ / NO ☐

| Analysis Required | Theoretical (%) | Found (%) |
|--|-----------------|--------------|
| Carbon <input checked="" type="checkbox"/> | <u>29.1</u> | <u>28.90</u> |
| Hydrogen <input checked="" type="checkbox"/> | <u>2.95</u> | <u>2.90</u> |
| Nitrogen <input checked="" type="checkbox"/> | <u>8.5</u> | <u>8.30</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: 639/2015 ; Signature: 12. 10. 2015. T.H.C (Office use only)