



Request Form

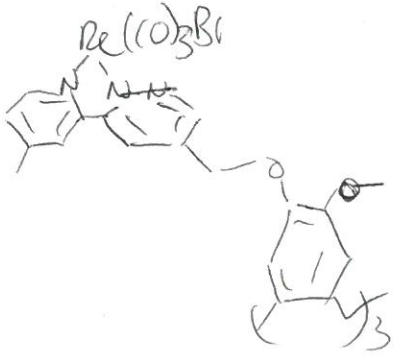
Name.**VIKKI PRITCHARD**.....Account No. **RG.CHEM.481553**.....

Sample ref. **JP186**.....Supervisor. **M.J. HARDIE**.....

Department. **CHEMISTRY**.....Signature. *Vikki Pritchard*.....

Room No. **1.32**.....Tel. **36574**.....Date. **22.09.14**.....

e-mail. **CMVP@LEEDS.AC.UK**.....(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 checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input 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>		YES	NO	Unknown	Non Hazardous	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	
	YES	NO	Unknown																																										
Non Hazardous	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>																																										
Other. M/pt. / B/pt. °C Solid <input checked="" type="checkbox"/> , Liquid <input type="checkbox"/>	Formula. C₁₉H₁₅Br₃N₄O₅Re₃																																												
Type of compound - METAL COMPLEX																																													

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

Analysis Required + 2H ₂ O		Theoretical (%)	Found (%)
Carbon	<input checked="" type="checkbox"/> 40.59	41.32	40.40
Hydrogen	<input checked="" type="checkbox"/> 2.86	2.71	2.80
Nitrogen	<input checked="" type="checkbox"/> 4.12	4.19	4.10
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: **761/2014** ; Signature: **1.10.2014 J.H.-C** (Office use only)