

URGENT  
2 samples please.



Request Form

Name. **FLORA THORP-GREENWOOD**

RG. CHEM.  
Account No. 481 553

Sample ref. **FTG**

*A vacuum  
B vacuum heat*

Supervisor. **DR MICHAEL HARDIE**

Department. **CHEMISTRY**

Signature. *F Thorp-Greenwood*

Room No. **1.33**

Tel. **36574**

Date. *25/11/15*

e-mail. **chmft@leeds.ac.uk**

(Please fill in fully & in BLOCK CAPITALS, failure could result in delay)

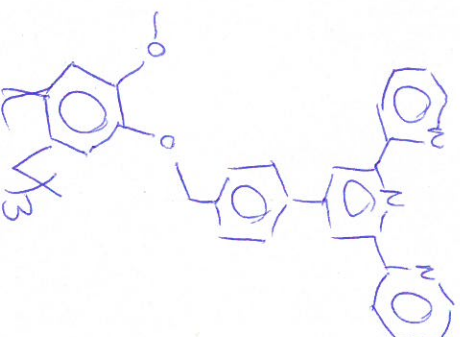
Properties & Hazards

	YES	NO	Unknown
Non Hazardous	<input type="checkbox"/>	<input checked="" 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. .... °C  
M/pt. / B/pt. .... °C  
Solid ☐ Liquid ☐

Formula. *C<sub>99</sub>H<sub>69</sub>Br<sub>3</sub>NaO<sub>15</sub>Re<sub>3</sub>*

Type of compound - *Complex*



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

Analysis Required

Theoretical (%)

Found (%)

Carbon	<input checked="" type="checkbox"/>	49.07	48.50	47.80
Hydrogen	<input checked="" type="checkbox"/>	2.87	3.00	2.95
Nitrogen	<input checked="" type="checkbox"/>	5.20	4.70	4.70
Sulphur	<input type="checkbox"/>			
Halogen	<input type="checkbox"/>			
Other #1	<input type="checkbox"/>			
Other #2	<input type="checkbox"/>			
Other #3	<input type="checkbox"/>			

*C<sub>99</sub>H<sub>69</sub>Br<sub>3</sub>NaO<sub>15</sub>Re<sub>3</sub> · 24H<sub>2</sub>O*    C 48.36    48.00

*H* 2.99    3.05

*N* 5.13    5.09

*(A) (B)*

Micro ID: *744/2015*

; Signature:

(Office use only)