

Internal Use Only

TGA Measurement Number:

Measurement Date:

Name:

Date:

Institute/Group:

Tel. Nr:

e-mail:

Type of sample

Amount of Sample: mg

Sample name	Components	Ratio
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Solvent used before drying:

Temperature range:

Heating rate:

Atmosphere: N₂ O₂

Sample contains metal: yes / no If yes, which one?

Explosion risk: yes no

Special remarks: