

Material Gas Sorption Request Form (BET Service)

Department of Chemistry, NUS

Field with * must fill. Incompletely filled sections may result in sample rejection!

Contact Details*:

Information of Submitter

Name of Submitter: _____

Dept./Organization: _____

Email: _____

Tel: _____

[NUS Only]

WBS No: _____

Your signature is required for analysis request and agree pay for services. For NUS customer, your signature also authorize us to bill you by the WBS No you provided.

Billing address (for non-NUS customer): _____

Submission Date: _____

Information of Supervisor

Name of Supervisor: _____

Dept./Organization: _____

Email: _____

Tel: _____

Signature of Supervisor: _____

Sample Details:

Sample ID*: _____ (Alphanumeric)

Retain sample: ☐ Yes

Elements present:

Acquired data confidential: ☐ Yes

Amount submitted (At Least 1g): _____ Stability: _____

Storage (room temp, fridge, freezer): _____ Toxicity issues: _____

Predict surface area : _____ m²/g

Analysis Requirement:

Degass Temperature: _____ Slope: _____ °C/min Soak: _____ min

(You may attache recipe)

☐

BET

☐

Pore Size Distribution, Expect Pore Size Range:

☐

Mesoporous

☐

Microporous

☐

BJH

☐

DFT

DFT Element:

Note: Data acquired will be stored in the instrument hard disk for 3 months. For external samples, it will be stored for half year.

For important and confidential information, please keep a backup copy for yourself and request laboratory officer to delete from the hard disk.

The services provided are purely scientific purposes and are not to be used in any court of law.