

別紙様式2-2 **Application form for chemical analysis**

Analytical Research Core for Advanced Materials

Name of laboratory	IMR, ○○Lab.	Name TEL No.	(Name of researcher) TEL 022-215-2711				Signet by supervisor		* Accepted date			* Reported date					
Sample name (symbol, number, etc.)	Element(s) for analysis										Acceptance number						
	C	Si	Mn	Cr	N	O											
① Sample A (Before treatment)	(0.1)	(0.2)	(0.7)	(<0.01)	(0.01)	(<0.01)	()	()	()	()	*						
② Sample B (After treatment)	(0.1)	(0.2)	(0.6)	(0.5)	(0.01)	(<0.01)	()	()	()	()	*						
③	()	()	()	()	()	()	()	()	()	()	*						
④	()	()	()	()	()	()	()	()	()	()	*						
⑤	()	()	()	()	()	()	()	()	()	()	*						
⑥	()	()	()	()	()	()	()	()	()	()	*						
Please fill in this column about component elements, the method of sample preparation, possibility of contamination, etc.		E-mail address: _____ @ tohoku.ac.jp															
		<p>[Examples] Samples contains 98 mass% of iron. When copper is detected by measuring qualitative method, add copper quantification.</p> <p>We pay attention to compositional difference between N and Si. We wish early report of N as soon as possible.</p>															
* : <input type="checkbox"/> CS844 : <input type="checkbox"/> ON836 : <input type="checkbox"/> EMGA-821 : <input type="checkbox"/> ARCOS, iCAP PRO : <input type="checkbox"/> iCAP TQ : <input type="checkbox"/> ZSX Primus II : <input type="checkbox"/>		Tech				<div style="border: 1px solid red; padding: 5px;">Check "Budget Implementation Status Inquiry System" of Tohoku Univ.</div>			<div style="border: 1px solid blue; padding: 5px;">"Payment application form and permit" was drawn up or not.</div>			Resources of analysis charge (Tohoku Univ.)					
										<table border="1"> <tr> <td>Segment code</td> <td></td> </tr> <tr> <td>Project code</td> <td></td> </tr> <tr> <td>Project name</td> <td></td> </tr> </table>		Segment code		Project code		Project name	
Segment code																	
Project code																	
Project name																	

Each expected content (mass%) must be shown in parentheses. Please keep columns marked with * blank.
Please fill out next page.

Report of chemical analysis

Name of laboratory	IMR, ○○Lab.	Name TEL No.	(Name of researcher) TEL 022-215-2711				* Accepted date			* Reported date		
Sample name (symbol, number, etc.)	Element(s) for analysis										Acceptance number	
	C	Si	Mn	Cr	N	O						
① Sample A (Before treatment)												*
② Sample B (After treatment)												*
③												*
④												*
⑤												*
⑥												*
* Details of applied analysis	* Unit: Method: C, S: <input type="checkbox"/> Infrared absorption method after combustion O: <input type="checkbox"/> Infrared absorption method after fusion under He gas N: <input type="checkbox"/> Thermal conductimetric method after fusion in a current of He gas H: <input type="checkbox"/> Thermal conductimetric method after fusion in a current of Ar gas : <input type="checkbox"/> ICP atomic emission spectrometric method : <input type="checkbox"/> ICP mass spectrometric method : <input type="checkbox"/>											

Please keep columns marked with * blank.