



# TGA/DSC ANALYSIS REQUEST FORM

DST-PURSE Laboratory, Mangalore University

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Incompletely filled sections may result in sample rejection!

## Contact Details:

Name: \_\_\_\_\_

Name of Supervisor & Designation: \_\_\_\_\_

Department & Organization: \_\_\_\_\_

Tel. no.: \_\_\_\_\_ email: \_\_\_\_\_

Billing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Sample Details:

Sample ID: \_\_\_\_\_ (Alphanumeric)

1)

2)

3)

4)

5)

**Note:** Maximum samples that can be accommodated in request form are limited to FIVE. If in the case of more than FIVE samples submit multiple forms for every FIVE samples.

*Description of sample:*

Nature of Sample (Organic/ Polymers/Composites etc. Kindly mention the identity of analyte):

*Melting point of analyte:*

Flammability in presence of oxygen: YES / NO

Whether the analyte releases TOXIC/ CORROSIVE gases at elevated temperature?: YES / NO (If

YES mention the gases):

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Whether the analyte itself toxic? : YES / NO (If YES, mention the precautions that have to be taken care during sample handling):

Analysis Requirements: (please tick appropriate boxes)

Characterization: TGA  DSC  DTA

Amount of sample submitted: \_\_\_\_\_ grams.

Scan Temperature: From RT (27<sup>0</sup>C to \_\_\_\_\_ <sup>0</sup>C. Scan rate: \_\_\_\_\_ <sup>0</sup>C /minute.

**Note:** Analysis charges vary with respect to scan temperature and scan rate.

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Declaration:

1. A copy of the resulting publication, if any, will be sent to Co-ordinator, DST-PURSE PROGRAMME, Mangalore University, Mangalagangothri- 574199.
2. Each publication shall carry the following acknowledgement: “This Work (part of this work) was performed at DST PURSE Laboratory, Mangalore University, Mangalagangothri”. In addition, if we receive help for analysis data from instrument incharge, the same will be acknowledged suitably, either in the form of acknowledgement or by providing co-authorship.

Signature (**Candidate**)

Signature and Seal (**Supervisor**)

Signature and Seal  
(**Chairman/ Head of the  
Department**)

**FOR OFFICE USE ONLY**

Accepted date	Operator	Payment details	Comments

Signature (**Scientific Officer**)

Signature and Seal  
(**Coordinator**)

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