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Dynamic vapour sorption - Submission form

Date: _____ FOAPAL: _____

Supervisor/PI's information:

Name:

Phone:

Email:

Signature:

Personal Information of the user:

Name:

E-mail:

Room Number & Building:

Department:

Group:

Signature:

Tel:

Approximate description of the sample(s):

Please provide information (as much as possible) about the sample, without revealing anything that is confidential.

Number of samples: _____; Sample code(s) _____;

Do you want estimated surface area: Yes/No;

Amount of sample: _____ grams;

Humidity test: Yes/No; if no which solvent _____;



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Under nitrogen or air.