






TGA Auftragsformular

Name:	Date:
Group:	Phone:
Mail:	
Sample(s):	
MS-Coupling (incl. Masses):	
Heat rate: <input type="checkbox"/> 5 K/min <input type="checkbox"/> other: <input type="checkbox"/> 10 K/min <input type="checkbox"/> 20 K/min	
temperature range (max 900 °C):	
Atmosphere: <input type="checkbox"/> syn Air <input type="checkbox"/> Argon	
Remarks (hazard warning): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>     	
other remarks:	