



# Application Request

## Industrial Evaporation

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City / Country: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Field of application

		remarks
Academia	<input type="checkbox"/>	_____
Chemistry	<input type="checkbox"/>	_____
Environment	<input type="checkbox"/>	_____
Feed	<input type="checkbox"/>	_____
Food and Beverage	<input type="checkbox"/>	_____
Pharma	<input type="checkbox"/>	_____
Others	<input type="checkbox"/>	_____

### Name of solvent / mixture to be evaporated

\_\_\_\_\_

### Description of request (Enter detailed information and a precise description of your request.)

Distillation	<input type="checkbox"/>
Drying	<input type="checkbox"/>
Concentration	<input type="checkbox"/>
Scale-up	<input type="checkbox"/>

### Sample description

	yes	no	remarks
Pure solvent			_____
Solution (enter concentration of key component)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Describe solvents, incl. purity and toxicity. Solvent 1:			_____
Solvent 2:			_____
Is the substance / mixture a synthetic product?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the substance / mixture a natural product?	<input type="checkbox"/>	<input type="checkbox"/>	
└ of animal origin?	<input type="checkbox"/>	<input type="checkbox"/>	
└ of plant origin?	<input type="checkbox"/>	<input type="checkbox"/>	
└ other?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the substance oxygen sensitive?	<input type="checkbox"/>	<input type="checkbox"/>	
Optimum sample temperature			_____
Optimum sample temperature			_____

Aspects of health and safety\* (Is the product considered to be hazardous?)

	yes	no
Carcinogenic	<input type="checkbox"/> **	<input type="checkbox"/>
Mutagenic	<input type="checkbox"/> **	<input type="checkbox"/>
Toxic	<input type="checkbox"/> **	<input type="checkbox"/>
Corrosive	<input type="checkbox"/>	<input type="checkbox"/>
Irritant	<input type="checkbox"/>	<input type="checkbox"/>
Oxidant	<input type="checkbox"/>	<input type="checkbox"/>
Explosive	<input type="checkbox"/> **	<input type="checkbox"/>
Flammable	<input type="checkbox"/>	<input type="checkbox"/>
Unstable / reactive	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

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\* Please contact your BUCHI representative before sending a sample. Samples without proper description and/or without material safety data sheet (MSDS) are refused.

\*\* We preserve the right to refuse a sample marked as carcinogenic, mutagenic, toxic and explosive. Please attach material safety data sheet (MSDS)!

Available information on the sample

Enter detailed information about the sample preparation, e.g. solubility, concentration, boiling point conditions for good evaporation, etc.

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Results and obtained fractions

	yes	no
Results and report have to be treated confidential.	<input type="checkbox"/>	<input type="checkbox"/>

The results are summarized in a report. Obtained solutions are stored for one month. Obtained solutions are not sent back.

Sales information

	yes	no	
Instrument in operation (If yes, enter serial number)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Comparison with competitor (If yes, specify competitor(s))	<input type="checkbox"/>	<input type="checkbox"/>	_____
Instrument to be purchased	<input type="checkbox"/>	<input type="checkbox"/>	
Other			_____

One experimental day for feasibility tests is free of charge, including report. Please be advised that we can only suggest a qualitative solution for the sample submitted, not a quantitative one (analyte recovery). For additional effort, BUCHI will charge a daily fee. In this case BUCHI will contact you in advance.

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Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_