



## Application Assessment Form

Please fill out the form and return to Ultrasonic Scientific by fax (+353 1 2180601) or email [info@ultrasonic-scientific.com](mailto:info@ultrasonic-scientific.com).

<b>Name:</b>	
<b>Position:</b>	
<b>Department:</b>	
<b>Company:</b>	
<b>Address</b>	
<b>Tel:</b>	
<b>Email:</b>	

<b>What are the objectives of the evaluation?</b>
1.
2.

<b>What specific parameters should be determined (e.g. transition temperature, time of the process, concentration range)?</b>

<b>Please give a full description of all your samples:</b>				
	<b>Main components</b>	<b>Concentration, (g/L, w/w, v/v, etc)</b>	<b>Physical properties (e.g. viscosity, density, heat capacity)</b>	<b>Ref. Temp</b>
<b>Storage conditions</b>				
<b>Chemical stability</b>				

\* standard number of the tests should not exceed two (experiments). Tests on additional samples can be arranged in specific cases

<b>In our standard instrument we perform measurements in a 1ml cell, is this volume suitable for your measurement? (if not please state ideal volume)</b>
<b>We normally fill our cells with a 1ml variable volume pipette, is this suitable for transferring your samples to the cell? (if not please state preferred method)</b>

**Do you require Ultrasonic Scientific to perform any sample preparation prior to the measurement?  
(if yes please give a detailed description of your requirements)**

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**Please tick the type of measurements you require and give details:**

-- Kinetic measurement (state time period of experiment and if this is a chemical reactions please indicate how the reaction is initiated).

-- Titrations (indicate the titre, titrate and volumes of aliquots to be added).

-- Temperature Ramp (give the temperature range and ramp rate required).

-- Sample identification (state number of samples to be measured).

-- Other

DETAILS:

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**What methods do you currently use to measure this?**

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**What additional information do you think ultrasonic measurements give you over your current methods?**

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**What are the limitations of your current technique?**

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**What date do you require the evaluation completed by?**

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**What is the purpose of this Application Evaluation ?**

- Budget Request
- Technical Justification
- Priority Project
- Other (please specify) .....

**May the results from the evaluation be published?**

- yes
- no