



Bangladesh Council of Scientific and Industrial Research (BCSIR)
Central Analytical and Research Facilities (CARF)

Requisition Form for BET/Gas Sorption Analysis

(Please provide 10 cc of dried, moisture free sample in air tight packet)

(Only one sample is acceptable against each requisition)

| | | |
|--|---|--|
| 1. Category of Requisition (Please tick): | a) R&D project of BCSIR | b) Analytical Service |
| 2. Sample Identification Mark: | | |
| 3. Composition of the sample: | | |
| 4. Special Instructions for operator for poisonous sample (if any): | | |
| 5. Types of analysis (Please tick): | a) BET Specific Surface Area | b) Pore Volume and Pore Size Distribution |
| 6. Organic/polymer contents in the sample (Yes/No): (Confirmation by FTIR and TG) | | |
| 7. Is it a calcined sample? If yes, what was the calcination temperature? | | |
| 8. Did you run a TGA of the sample? If yes, at what temperature any weight loss was observed? | | |
| 9. Preheat temperature of the sample: (Preheating should be performed by the Applicant) | | |
| 10. Degassing Temperature (usually less than 50°C to 70°C of preheat temperature): | | |
| 11. Degassing time: | | |
| 12. Expected range of desired parameter (either from previous study or literature) | | |
| (a) BET Specific Surface Area: | | |
| (b) Total Pore Volume: | | |
| (c) Average Pore Diameter: | | |
| 13. Purpose of the investigation: | | |
| 14. Name of the R&D project with project duration (applicable for BCSIR): | | |
| 15. Name of the Division: | | |
| 16. Name of the Unit of BCSIR: | | |
| 17. Name of the Applicant: | | |
| 18. Designation of the Applicant: | | |
| 19. Phone No. of the Applicant: | | |
| 20. Email address of the Applicant: | | |
| 21. How will the related scientists and IGCR, BCSIR be acknowledged? (Please tick): (Not applicable for Analytical Services) | a) By acknowledging as co-authors in the research publications (for 01 to 04 samples) b) By including in the R&D officially as research associates (for more than 04 samples). | |
| ----- Signature of the Applicant (with date) | | ----- Signature of the Director of related unit (with date) |
| For Office Use only: | | |
| ----- Signature of the Officer-In-Charge, CARF Sample Receiving Date: | | |
| Marked To (Scientist): | | |
| Completed By: | | |
| Completed On: | | |