

Sample information sheet - Zetapotential

CUSTOMER DATA	
Company:	
Contact person:	
Tel.:	
E-mail:	
Address:	

Sample description			
Material			
Quantity [g, ml]			
Safety data sheet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dispersion	Only wet possible		
Refractive index		Absorption	
Viscosity			
Expected mean diameter			
Requested completion			
Presentation of results	Cumulative curve <input type="checkbox"/>	Frequency distribution <input type="checkbox"/>	
Initial measurement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Extra measurement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Notes, requests and suggestions regarding the sample, sample dispersion, etc.			