Client Contact Information

Name:		ioK Project #:
Title:		
Company:		
Address:		Telephone 1:
City:		Telephone 2:
State:	Zip Code:	Email:
Signature:		Date:

Test Information

Test Overview			
Number of tests:			
Are any of these tests conditional to test results?			
Testing Objective			
☐	Thermal stability temperature range:	°C	°C
☐	Isothermal testing target temperature:		°C
Other:			

Generic Type of Reaction Expected

- ☐ Polymerization
- ☐ Decomposition
- ☐ Nitration
- ☐ Hydrogenation

Other:

Are there expected known reactions?

☐ Yes ☐ No

Test Heat-Up Method *(if known)*			Other Process Data *(if known)*	
Start temperature:	°C	*(default is 50 °C)*	Estimated onset temperature:	°C

Temperature steps:	°C	*(default is 5 °C)*	Estimated temperature rise:	°C	
Final temperature:	°C	*(default is 350 °C)*	Estimated maximum pressure:	psig	°
☐ Customized *(Please contact Project Manager)*			*Please attach DSC, ARC or other calorimetry data if available.*		

Test Vessel Material Construction

☐ Stainless Steel ☐ Hastelloy C ☐ Titanium ☐ Other (please explain) ☐ _____

Chemistry

Explain known incompatibilities:

Stirrer *(Default is No for ARC; Yes for APTAC)*

☐ Yes ☐ No Speed rpm

Material Compatibility

Are any of the chemicals incompatible with:

☐ Stainless steel ☐ Silver

☐ Hastelloy C ☐ Zinc

☐ Titanium ☐ Nickel

☐ Copper

Chemical Acquisition

Chemicals will be: ☐ Provided by the client ☐ Procured by ioKinetic (billed at cost to client)

Sample Return Request

☐ Return experimental product to the client for analysis (billed at cost to client) address if different from above.

List of Reagents for Test Recipe(s)

Chemical Name	Physical State at Room Temp.	Heat Capacity	Density		Viscosity Type

	Solid	Liquid	Gas	(cal/g°C)	(g/ml)	Normal Boiling Point (°C)	Water	Motor Oil	Molasses

Please attach safety data sheets for each reagent. Note any characteristic personnel safety hazards to be aware of when handling reagents or reaction products.

Recipe Specifications

Test Recipe #1	Pad Gas: ☐ Air ☐ Other_____		
Chemical Name	*Charge Mass*	*Wt. % in Vessel*	*Other Information*

Test Recipe #2	Pad Gas: ☐ Air ☐ Other _____		
Chemical Name	*Charge Mass*	*Wt. % in Vessel*	*Other Information*

If additional recipes are required, please attach additional pages as necessary to define the tests.

Expected chemistry reaction products and potential decomposition products should be provided.

Mixing Reagents *Note important steps for mixing reagents (order of addition, temperature requirements, etc.)*			
Other Process Information *Provide additional information regarding the process (moles of gas to be generated, etc.)*			
Additional Comments			
For Lab Use Only		Job Number	
Clean-out: ☐ Neutralization ☐	Special Procedure:		
Tests Completed:		Date Completed	