*Name Surname* Warszawa, *date*

*Division and Department (abbreviated)*

IPPT PAN

Prof. Michał Basista

Head of Division of Advanced Composite Materials

IPPT PAN

**APPLICATION**

to perform tests by trained staff on Quantachrome Autosorb iQ-MP-AG-AG

analyzer in the Division of Advanced Composite Materials

1. **The requested tests are included in** (*Internal Task number – "numer zlecenia*)

Statutory research …………… or Research project …………………

1. **The authorized person to perform experiments** Name Surname (*put the name of dr A. Jain or dr M. Dąbrowski*) confirms that the requested tests can be performed on Quantachrome Autosorb iQ-MP-AG-AG
2. **Financing of the requested tests** (*delete where inapplicable\**):

\*A. Statutory research (*financial participation is not required*)

\*B. Research project (*the authorized person to perform the tests* Name Surname *is employed in the project as indicated above)*

1. **Description of the requested research**

* The scope and purpose of the research (*briefly*):

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* Material of the specimens: ……………………………………………………......................................................
* Number of specimens: ……………......................................................................................................
* Gas to be used: ……………………………………..………………………..............................................................
* Measurement technique to be applied: …………………………….…………...............................................
* Measurements duration: ……………………………...................................................................
* Additional information: ……………………………………………………………………………………………………………..

The date of testing is subject to availability of the analyzer and the trained staff

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Signature of Internal Task Manager Signature of Applicant Signature of the Authorized Person performing the tests