



Vapor Phase Deposition Encapsulation Request Form

P.O. Box 41630, Dayton, Ohio 45441 – 55 Westpark Road, Dayton, Ohio 45459 – 937.439.4497 – www.rtdodge.com

Company: _____ Phone: _____
Name: _____ Fax: _____
Address: _____ e-mail: _____

City: _____
State: _____ Zip: _____
Country: _____

Encapsulation Data Information:

1. Industry usage:

2. Application needs and purpose of encapsulation: _____

3. Core/Active Material: _____ CAS #: _____

Core/Active Material Characteristics (material must be in a solid form)

Density: _____

Angle of Repose: _____

Surface Area: _____

Morphology: _____

Porosity: _____

Vapor Pressure: _____

Nominal size in microns: _____

4. Desired Capsule Payload: _____

5. Desired Release Mechanism: Mechanical: _____ Physical: _____ Chemical: _____

Fracture: _____ Diffusion: _____ pH: _____ Temperature: _____

Other: _____

6. Comments in regards to applicational usage, desired performance of capsules and etc.
