

Sample Submission Form For Routine FT-IR Analysis

(Submit one FORM for EACH sample)

Customer Information

Name: Tel#: PO Number:
Company: Fax#: Date Submitted:
Email: Date Needed :

Sample Information

Sample ID and/or Tag Number :

Sample Toxicity / Hazard (Check all that apply):

Yes No Unknown Carcinogen
 Corrosive Toxic Other_____

MSDS Data Sheet (Check one):

Included Not Included In File with Us

Suggested Molecular Structure

Experiment Information

Solvent (Check One) :

Standard Solvents : CHCl₃ Other_____

Additional Sample Preparation Instruction_____

FT-IR (Check all that apply) :

mid-IR Other_____

FT-IR Experiment (Check all that apply):

AS IS Diluted in KBr ATR in Solution Peak Table

Peak Labelled on the spectrum

Other_____

Transmission of FT-IR Data/Spectra (Check All That apply) :

Email me the spectrum in PDF Form Mail only spectrum and Peak List
 Mail only spectrum Other_____