

INDIAN INSTITUTE OF TECHNOLOGY
CIRCULAR DICHROISM SPECTROSCOPY REQUEST FORM
(Separate form for each sample)

General Information

Name: _____ Date: _____

Sample Code: _____ Phone No: _____

E-mail Address: _____ Research Group: _____

Sample Information

Solubility (specify solvent): _____

Hazards (if any): _____

Molecular Formula: _____

Molecular Weight: _____

Calibration concentration: _____

Range of scan: _____

These samples do not contain radioactivity

User's Signature with date

Guide/PI's Signature with date