

INDIAN INSTITUTE OF TECHNOLOGY
INFRA-RED 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): _____

Calibration concentration: _____

Molecular Formula: _____

Molecular Weight: _____

Excitation Wavelength: _____

Range of scan: _____

Special Request (if any):

Request Analysis:

Solid (KBr Pallate)

Liquid (Liquid cells)

ATR

These samples do not contain radioactivity

User's Signature with date

Guide/PI's Signature with date