

INDIAN INSTITUTE OF TECHNOLOGY
UV 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 solvents): _____
Hazards (if any): _____
Molecular Formula: _____ Molecular Weight: _____
Calibration concentration: _____ Range of scan: _____

Special Request (if any):

These samples do not contain radioactivity

User's Signature with date

Guide/PI's Signature with date