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FT-IR / UV-VIS / ROTATION REQUEST

DATE RECORD

FILE ID

FOR RML USE ONLY

SAMPLE #:

CHARGE TO:

DATE:

REPORT TO:

PO# OR CREDIT CARD INFO:

COMPANY NAME:

PHONE: () -

ADDRESS:

FAX: () -

EMAIL: _____

FT-IR: 4000 – 400 cm^{-1} YES NO

NIR: 12000 – 2000 cm^{-1} YES NO

SAMPLE PREP: KBr FILM SOLUTION SOLUBLE IN: _____

SPECTRAL DISPLAY: Abs. vs. cm^{-1} %T vs. cm^{-1}

PEAK TABLE: YES NO

UV/VIS: 200 – 900 nm YES NO

SOLVENT: _____

RANGE: _____

M.W.: _____

ROTATION: YES NO

SOLVENT: _____

CONC.: _____

TEMP.: _____

WAVELENGTH (S): _____

Na 589A; Hg 578; 546; 436; 365A

FORMAL REPORT GENERATED FOR ALL RESULTS – DATA ARCHIVED ON DISK

CUSTOMER SPECIAL INSTRUCTIONS