

To complete the FTIR/UV-Vis/Rotation Analysis Request form, please do the following:

- ❖ Enter your Sample ID# and ensure that it matches the Sample ID# on your sample vial.
- ❖ Include your name (Requester), company name and address, and email address; *it is essential that you complete this information for correct and timely reporting of your results.*
- ❖ Please include a phone number for contact in the event our analyst has specific questions that may be best answered via a phone conversation rather than a brief email.
- ❖ **You MUST** enter information about the **known hazards and/or sample handling precautions** of your sample(s). Your samples will not be processed without this information.
- ❖ Include either a Purchase Order # (PO#) or credit card information; we cannot process samples for analysis without payment information.
- ❖ If applicable, include a specific method or RML AP# that applies to your requested analysis.
- ❖ Include information regarding the requested FTIR, NIR, UV/Vis, or Optical/Specific Rotation analysis in the appropriate section. (Unless a specific method or AP# is referenced, fill in or check off ALL requested information in the appropriate section.) Check any additional services required.
- ❖ Please provide any additional information, analysis, or handling instructions regarding your sample(s) in the **Customer Special Instructions** section.
- ❖ The completed Analysis Request form **MUST** be included with your sample submission.

*Please contact us with any questions you may have when completing the form. **Delays in processing your samples may occur with incomplete or incorrect information.***

FTIR / UV-vis / ROTATION ANALYSIS REQUEST

Sample ID:	Date:
Requester:	Email:
Company:	Phone #:
Address:	
PO# OR CREDIT CARD INFO: <b>(REQUIRED)</b>	
Method or AP#:	
FT-IR: 4000—400 cm <sup>-1</sup> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> cGMP* <input type="checkbox"/> cGMP Raw Data * NIR: 12000—2000 cm <sup>-1</sup> <input type="checkbox"/> YES <input type="checkbox"/> NO  SAMPLE PREP: <input type="checkbox"/> ATR <input type="checkbox"/> KBr <input type="checkbox"/> FILM <input type="checkbox"/> SOLUTION                    Soluble In: _____ SPECTRAL DISPLAY: <input type="checkbox"/> Abs. vs. cm <sup>-1</sup> <input type="checkbox"/> %T vs. cm <sup>-1</sup> PEAK TABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
UV/vis: 200—1100 nm available <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> cGMP* <input type="checkbox"/> cGMP Raw Data *  Solvent: _____ Range: _____ M.W.: _____	
ROTATION: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> cGMP* <input type="checkbox"/> cGMP Raw Data *  Solvent: _____ Conc.: _____ Temp.: _____ Wavelengths: _____ Na 589nm    546nm    436nm    365nm	
<b>*additional charges apply for all cGMP services</b>	
CUSTOMER SPECIAL INSTRUCTIONS:	LIST KNOWN HAZARDS and/or SAMPLE HANDLING PRECAUTIONS (Samples WILL NOT be accepted if this section is left blank)