Departmental Analytical Laboratory Department of Chemistry and Biochemistry Faraday 317 Northern Illinois University DeKalb, IL 60115 phone 815 753 6865

Infrared Analysis Request Form

Date:		<u>Instructions</u>			
Name:		1. Use a separate request form for each sample submitted.			
Sample name or number:		2. A minumum of five milligrams of sample should be submitted.			
Sample preparation: pellet mull KBr plates ATR Scanwidth: m.p. / b.p.		 3. Samples should be clearly labeled with your name and sample name or number. 4. Submit samples in screw - or snap-ca vials; no round bottom flasks will be accepted. 5. Place sample request form on the counter along with your sample (if submitting electronically, please place sample on the counter). The results can be picked up from the same place. 6. Radioactive samples will not be accepted. 			
			Special instructions:		
			Precautions:	explosive	□ volatile
	hygroscopic	sensitive to			
		toxic, etc.			