

## UIC FT-IR Sample Submission Form

**\*please fill out as completely as possible.**

Date: \_\_\_\_\_.

Person submitting sample: \_\_\_\_\_.

Faculty approval: \_\_\_\_\_.

Grant/PO#: \_\_\_\_\_.

Chemical name of sample: \_\_\_\_\_.

Sample ID #: \_\_\_\_\_.

1. Is the sample volatile? \_\_\_\_\_.
2. Is the sample toxic? \_\_\_\_\_.
3. Is the sample carcinogenic? \_\_\_\_\_.
4. Anything else we should know?

Range:           Maximum \_\_\_\_\_.

                  Minimum \_\_\_\_\_.

**\*spectral range is 4800 to 200  $\text{cm}^{-1}$**