

# UV-Vis-NIR 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?

Solvent used: \_\_\_\_\_.

**\*Please include enough solvent for a blank.**

Wavelength Range: Maximum \_\_\_\_\_.

Minimum \_\_\_\_\_.

175-350 nm ultraviolet

351-800 nm visible

801-3300 nm infrared