

**REQUEST FOR ESR**

- NOTES:**
- (A) Prepare your own solution in the required solvent.
- (B) Arrange with the operator for instrument-time prior to preparation of sample solutions if the sample is **unstable**.

Name of PI/Supervisor: \_\_\_\_\_ Company: \_\_\_\_\_

Signature of PI/Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Person to contact: \_\_\_\_\_ Address: \_\_\_\_\_

Email \_\_\_\_\_

Tel no.: \_\_\_\_\_ Date: \_\_\_\_\_

Sample Code (maximum 6 characters) \_\_\_\_\_ Solvent used: \_\_\_\_\_

-----

Sample is:     Stable     Air / Light sensitive     Radioactive     Toxic     Explosive

Chemical Structure:

Sample information:     Radical     Ionic     Solid     Solution Others \_\_\_\_\_Specific Experiment Required:  RT     VT Temperature range: \_\_\_\_\_ (-150 C to 200 C)

Central frequency: \_\_\_\_\_

Scanning Range: \_\_\_\_\_

Other Relevant Parameters and Instructions for the Experiment:

\_\_\_\_\_

\_\_\_\_\_

Note: The results obtained cannot be used as evidence in any court of law and the Department will not be involved in any lawsuit.

-----

For Office Use:

(a) Date analysis completed: \_\_\_\_\_

(b) Name of operator: \_\_\_\_\_

(c) Spectrum code: \_\_\_\_\_

(d) Service Charge: S\$ \_\_\_\_\_