

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\$ _____