



# Robertson Microlit Laboratories

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## FTIR / UV-vis / ROTATION ANALYSIS REQUEST

SAMPLE #:		CHARGE TO:	
DATE:		PO# OR CREDIT CARD INFO:	
REPORT TO:		PHONE: ( ) -	
COMPANY NAME:		FAX: ( ) -	
ADDRESS:		EMAIL: _____	
<b>FT-IR:</b> 4000 – 400 $\text{cm}^{-1}$ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> cGMP (additional surcharge)			
<b>NIR:</b> 12000 – 2000 $\text{cm}^{-1}$ <input type="checkbox"/> YES <input type="checkbox"/> NO			
SAMPLE PREP: <input type="checkbox"/> ATR <input type="checkbox"/> KBr <input type="checkbox"/> FILM <input type="checkbox"/> SOLUTION		SOLUBLE IN: _____	
SPECTRAL DISPLAY: <input type="checkbox"/> Abs. vs. $\text{cm}^{-1}$ <input type="checkbox"/> %T vs. $\text{cm}^{-1}$			
PEAK TABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>UV/VIS:</b> 200 – 1100 nm available <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> cGMP (additional surcharge)			
SOLVENT: _____			
RANGE: _____			
M.W.: _____			
<b>ROTATION:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> cGMP (additional surcharge)			
SOLVENT: _____			
CONC.: _____			
TEMP.: _____			
WAVELENGTH (S): _____			
Na 589 nm; 546 nm; 436 nm; 365nm			
<b>CUSTOMER SPECIAL INSTRUCTIONS</b>		<b>LIST KNOWN HAZARDS and/or SAMPLE HANDLING PRECAUTIONS</b> (Samples WILL NOT be accepted if this section is left blank)	