

Date

IR ANALYSIS

The order with missing informations will be rejected!

ORDERING PERSON:

Name and SurnameSignature.....

SUPERVISOR:

Name and SurnameSignature.....

DEPARTMENT:.....

PAYMENT:.....

(PDB, Grant- number)

DISPONENT OF PAYMENT:

Name and SurnameSignature.....

APPARATUS: ☐ Hyperion 1000 (microscope) ☐ Vertex 70v

MODE: ☐ refl. ☐ refl. ATR ☐ trans.

Measuring range (cm⁻¹):

SAMPLE NAME:

Number of analyses:

Contact (phone, e-mail):

COMMENTS:

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