

IR Request Form



PřF UK Hlavova 2030, Praha 2
 tel: 221951336
 e-mail: michal.urban@natur.cuni.cz
 lab.144

Technique:	DRIFT/KBr-	ATR	?
Date of delivery:		Date for the results:	
Name:		E-mail:	
Supervisor:		Phone Num.:	
Sample Code:		Structure:	
Solubility			
Weight of sample: (5 mg is minimum)			
Sample Return:	YES / NO		
Sensitivity: (Oxygen, H ₂ O, light...)			
Storage:			

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