

Electron Paramagnetic Resonance Spectrometer (EPR) (Analysis Request Form)

User name: Email ID:.....

Mobile No..... Name of Guide/PI:.....Department:.....

Type of analysis required:

X-Band ☐

Q-Band (Room Temperature) ☐

For Q- Band and variable temperature analysis, there may be some waiting time as they are carried out only upon sample pooling. Contact the lab personnel through e mail or phone before registering.

Fill the details of analysis required (X-Band):

X-Band							
No. of samples	Room Temperature (*kindly tick mark the state in which samples should be analyzed)		Low temperature (77K liquid Nitrogen) (*kindly tick mark the state in which samples should be analyzed)		Variable Temperature (-170 ⁰ Cto+200 ⁰ C) Mention run Temperature below)	UXL500 Xenon lamp Irradiation	Thin film analysis (Desired sample size: 3mm X5mm)
	Powder	Liquid	Powder	Liquid	Temperature: 1._ 2._____ 3._____ 4._____	*Duration for Irradiation: _____mins	*Substrate detail: _____ *Film coating details _____
	Powder directly analysed <input type="checkbox"/>	<input type="checkbox"/>	Powder directly analysed <input type="checkbox"/>	<input type="checkbox"/>			
	Powder sample in solvent Mention the solvent below _____		Powder sample in solvent Mention the solvent below _____				
	<input type="checkbox"/>		<input type="checkbox"/>				

*** For Low temperature analysis, LN2 should be arranged by the user.**

*For low temperature analysis water soluble/sample containing water is not possible.

Sample information:

Sample form	<input type="checkbox"/> Powder (Quantity 10mg) <input type="checkbox"/> Liquid (Quantity 2-3ml)
Number of samples	
Sample code	
Sample type	Metal complexes/ Catalyst/ Organic radicals/ Enzyme/ Composite Material/ Thin Film / Metal/ Polymer/ Environmental/ Ceramic),Other_____
	Biological (Specify) : _____ (Fungal/ Bacterial extract/ Protein/ Liposome's/ Plant Extracts/ Marine extracts), Others (Specify) _____

Nature of the sample	Organic/In-Organic/Magnetic / Non Magnetic / Any other characteristic nature_____
Elemental content of the Sample	

Material safety data:

Sample Properties	Carcinogenic (level) <input type="checkbox"/> Toxic <input type="checkbox"/> Radioactive <input type="checkbox"/> Corrossive <input type="checkbox"/> Explosive <input type="checkbox"/> Flammable <input type="checkbox"/> Other (specify):_____
Health hazards/Toxicity	Yes <input type="checkbox"/> No <input type="checkbox"/> (irritant to skin/irritant to eyes/harmful to skin/ toxic if inhaled/toxic if ingested)
First aid measures	Eye/Skin/Inhalation/ Ingestion/Others (specify):