

FTIR Service Request Form

 FTIR with ATR (Perkin Elmer Model Frontier)

 FTIR ATR only (Bruker Model Alpha)

Department of Chemistry, Faculty of Science, Mahidol University

Customer Information

Date:

Name: Advisor name:

Email address: Phone: Room:

 Organization: Department of Chemistry MU: B.Sc. M.Sc. Ph.D. Researcher

Module:

 Governmental

 Non-Governmental

SignAdvisor (for MU)/ Customer

Analysis data requirement

 CD/DVD-RW (.csv) "must give CD/DVD-RW with this form"

 Printed Spectrum

Sample Information *(Sent the samples to the box in front of room C212)*

 Water content in sample: Yes No

 Toxicity: Yes No Unknown

 Sample name *(Label at the container must be clear and the same as sample name)*

Sample name	Method	Note
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Guides 1. Sample (weight/size): ● KBr method → weight of sample 1.5 – 2.0 mg (dried sample and can be ground)

● ATR method → weight of sample about 5 mg (Not strong acid-base)

● neat, nujol, CHCl₃ method → weight of sample 10 mg

● Film method → Thin film about 1 x 1 inch

2. Operation on Tuesday and Thursday *(Provide this form before operation date About 1 day)*

Operate and Receive Data

Using date Operator

Received date Receiver

Satisfaction survey form



TGA Service Request Form

Thermogravimetric Analysis (SDT 2960)

Department of Chemistry, Faculty of Science, Mahidol University, Email: muscch.instruservices@gmail.com

Date received Receiving no.

Customer Information	Date:			
Sender name:	Advisor name:			
Email address:	Contact no.:	Room:		
Organization: <input type="checkbox"/> MU/ Field of study:	<input type="radio"/> B.Sc.	<input type="radio"/> M.Sc.	<input type="radio"/> Ph.D.	<input type="radio"/> Other
<input type="checkbox"/> Governmental				
<input type="checkbox"/> Non-governmental				
Signed		Advisor (for MU)/ Sender		

Sample Information (Send the samples to the box in front of room C212)

Sample state: Solid (≥ 10 mg) Liquid (≥ 0.2 mL) Other (≥ 10 mg)

Sample composition/ formula:

Guidance: Sheet or large solid samples should be cut or crushed to a size not exceeding 3 mm.

Sample ID	Heating rate (10-20°C/min)	Final temp. (max 800°C)	Gas type (N ₂ , O ₂ , air)	Note
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Data (The raw data will be emailed after the sender collects the sample back.)

Data receiver: Date: Please complete the satisfaction survey.



ชื่อ-ที่อยู่ผู้รับบริการสำหรับออกใบเสร็จรับเงิน/ Name-address for issuing the receipt

For official use only:

Number of samples Total charges: Operator:

PXRD Service Request Form

Powder X-ray Diffractometer (Bruker D2 Phaser)

Department of Chemistry, Faculty of Science, Mahidol University, Email: muscch.instruservices@gmail.com

Date received Receiving no.

Customer Information	Date:	
Sender name:	Advisor name:	
Email address:	Contact no.:	Room:
Organization: <input type="checkbox"/> MU/ Field of study:	<input type="radio"/> B.Sc. <input type="radio"/> M.Sc. <input type="radio"/> Ph.D. <input type="radio"/> Other	
<input type="checkbox"/> Governmental		
<input type="checkbox"/> Non-governmental		
Signed	Advisor (for MU)/ Sender	

Sample Information (Send the samples to the box in front of room C212)

Sample composition/ formula:

Stable in ethanol: Yes (sample preparation for small amount) No

** The solid samples should not be less than 10 mg and ground into fine powders.

Number of samples: sample (s)

Sample ID	2 θ start – stop [°] (0.5 - 90°)	Time/step [s] (0.05 – 0.5 s)	2 θ [°] of interest	Note
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Remark: Time/step will be set to 0.1 s as default.

Data (The UXD file will be emailed after the sender collects the sample back.)

Data receiver: Date: Please complete the satisfaction survey.



ชื่อ-ที่อยู่ผู้รับบริการสำหรับออกใบเสร็จรับเงิน/ Name-address for issuing the receipt

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For official use only:

Number of samples Total charges: Operator:

NMR Service Request Form

Department of Chemistry, Faculty of Science, Mahidol University

Sample Information

	Sample Name	Weight (mg)	Solvent	Position
1)
2)
3)
4)
5)
6)
7)
8)
9)
10)

Experiment required: ^1H ^{13}C scan ^{19}F ^{29}Si ^{31}P
 DEPT COSY NOESY HMQC HMBC HSQC

Special requirement:

Customer Information

Sender name: Advisor name:

Email address: (For sending experimental data)

Contact no.: Lab room: Date:

Organization: MU/ Field of study: B.Sc. M.Sc. Ph.D. Other

Governmental:

Non-governmental:

..... (Advisor's signature)



Please complete the satisfaction survey.

<p>For official use only</p> <p>Number of samples:</p> <p>Total charges:</p> <p>Operator:</p>
