

Please fill in the grey fields

Raman workflow

Name/Group	Phone	Email	Date(DD.MM.YY)
Sample ID	Chemical composition		
Hazards	<input type="checkbox"/> harmless <input type="checkbox"/> irritating <input type="checkbox"/> combustible <input type="checkbox"/> toxic Others: _____		

Precautions for handling the sample: air/light/moisture sensitive

Short abstract (summary of sample/motivation/pretreatment/references)

Measuring conditions

Lasers 266 nm 325 nm 355 nm 442 nm 457 nm 488 nm 532 nm 633 nm
785 nm laser power, grating (if possible):

Spectra range (cm⁻¹)

Signature of group leader

**The following is filled in by the operator*

Operator:

Date

Doc. No.

Note: