



Sample Submission Form

Customer Information:

Name: _____

E-mail: _____

Company: _____

Shipping Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Signature: _____

(Please use one form per sample.)

For Internal Use Only:

SAAS No.: _____

Sample Received: _____

Authorization: _____

Work Start: _____

Work Complete: _____

Results Shipped: _____

Sample Structure: Indicate main functional groups if structure not disclosed. (Place drawing in box or attach separately).

Sample Information:

Chemical/Name/Code: _____

Submitted Sample Amount: _____ mg **Please submit at least 25 mg**

Isomer Type: (please check one) RACEMIC DIASTEREOMERIC MIXTURE

pKa: _____ UV (max): _____ (Please Send Spectrum, if available)

Appearance: (please check one) Powder Crystal Oil Other Color

Solubility: (please check one)	Stability: (please check one)	Details
EtOH: <input type="checkbox"/> Soluble <input type="checkbox"/> Partly Soluble <input type="checkbox"/> Insoluble	Light: <input type="checkbox"/> Stable <input type="checkbox"/> Unstable	
MeOH: <input type="checkbox"/> Soluble <input type="checkbox"/> Partly Soluble <input type="checkbox"/> Insoluble	Temp (≤ 50 °C): <input type="checkbox"/> Stable <input type="checkbox"/> Unstable	
IPA: <input type="checkbox"/> Soluble <input type="checkbox"/> Partly Soluble <input type="checkbox"/> Insoluble	Acid (e.g. TFA): <input type="checkbox"/> Stable <input type="checkbox"/> Unstable	
ACN: <input type="checkbox"/> Soluble <input type="checkbox"/> Partly Soluble <input type="checkbox"/> Insoluble	Base (e.g. DEA): <input type="checkbox"/> Stable <input type="checkbox"/> Unstable	
Hexane: <input type="checkbox"/> Soluble <input type="checkbox"/> Partly Soluble <input type="checkbox"/> Insoluble	Other (moisture, air, etc.): <input type="checkbox"/> Stable <input type="checkbox"/> Unstable	

Application Request

Method for: Screening Method Development/Optimization Preparative LC GC

If preparative, please indicate the ultimate quantity of enantiomer required: _____

Column/condition already tried with/without success: _____

Separation Information:	Column	Mobile Phase
Column/Conditions already tried <u>with</u> success:		
Column/Conditions already tried <u>without</u> success:		

Recommendations or other useful information (if more space required, use separate page): _____

May we add the results to an application presentation/publication? Yes No Conditions, if any: _____

Safety Information:

MSDS/Toxicity Data: (please check one) Toxic/Harmful Minimal Hazard Not Available

Bioactive: _____ If Bioactive, what type: _____

Potency/Human Exposure Issues: _____

Please contact us before submitting sample.

telephone: 800-359-3041 or 814-359-3041

fax: 800-359-3044 or 814-359-5468

e-mail: techservice@sial.com

Return Form with Sample and MSDS (if available) To:

SUPELCO

Attention: Applications Lab

595 N. Harrison Rd.

Bellefonte, PA 16823