



Robertson Microlit Laboratories

29 Samson Ave. / P.O. Box 927 / Madison, NJ 07940
(973) 966-6668 / Fax: (973) 966-0136
www.robertson-microlit.com
results@robertson-microlit.com

BIOAVAILABILITY REQUEST - SOLUBILITY

DATE RECORD

FILE ID

FOR RML USE ONLY

SAMPLE #:

CHARGE TO:

DATE:

REPORT TO:

PO# OR CREDIT CARD INFO:

COMPANY NAME:

PHONE: () -

ADDRESS:

FAX: () -

EMAIL: _____

SOLUBILITY STUDY required: YES NO Amount of sample submitted (mg): _____

SOLUBILITY SCREENING required: YES NO TIME INTERVAL (S): _____

CRITERIA: SAMPLE MUST BE UV/VIS ACTIVE CONCENTRATION: _____

MEDIA/SOLVENTS:

- | | | |
|----------|----------|----------|
| 1) _____ | 2) _____ | 3) _____ |
| 4) _____ | 5) _____ | 6) _____ |
| 7) _____ | 8) _____ | 9) _____ |

Please consult RML for sample requirements

FORMAL REPORT GENERATED FOR ALL RESULTS – DATA ARCHIVED ON DISK

CUSTOMER SPECIAL INSTRUCTIONS