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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