

To complete the HPLC Analysis Request form, please do the following:

- ❖ Enter your Sample ID# and ensure that it matches the Sample ID# on your sample vial.
- ❖ Include your name (Requester), company name and address, and email address; *it is essential that you complete this information for correct and timely reporting of your results.*
- ❖ Please include a phone number for contact in the event our analyst has specific questions that may be best answered via a phone conversation rather than a brief email.
- ❖ **You MUST** enter information about the **known hazards and/or sample handling precautions** of your sample(s). Your samples will not be processed without this information.
- ❖ Include either a Purchase Order # (PO#) or credit card information; we cannot process samples for analysis without payment information.
- ❖ Provide the compound name, structure, solubility, etc., in the appropriate sections.
- ❖ If applicable, include a specific method or RML AP# that applies to your requested analysis. Otherwise, include information regarding the chromatographic conditions in the space provided.
- ❖ Please provide any additional information, analysis, or handling instructions regarding your sample(s) in the **Remarks** section.
- ❖ Choose any additional services required from the checkbox list (default options are automatically selected on the form).
- ❖ The completed Analysis Request form **MUST** be included with your sample submission.

*Please contact us with any questions you may have when completing the form. **Delays in processing your samples may occur with incomplete or incorrect information.***

## HPLC ANALYSIS REQUEST

Sample ID:		Date:	
Requester:		Email:	
Company:		Phone #:	
Address:			
PO# OR CREDIT CARD INFO: <b>(REQUIRED)</b>			
Name and Structure:		Solubility:	
		Molecular Weight:	
Type of sample: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gel			
Number of Components:		Quantity of Sample Submitted (µg):	
Sample Purity: <input type="checkbox"/> crude <input type="checkbox"/> semi-pure <input type="checkbox"/> pure			
cGMP ANALYSIS <input type="checkbox"/> Yes * <input type="checkbox"/> No      cGMP Raw Data * <input type="checkbox"/> *additional charges apply			
Special Storage Conditions:			
Method or AP#:			
<b>CHROMATOGRAPHIC CONDITIONS</b>			
Monograph procedure or sample preparation (include as much detail as possible):			
Column:	Mobile Phase:	Detection Wavelength(s):	
Flow Rate:	Temperature:		
Chromatographic Mode: <input type="checkbox"/> Isocratic <input type="checkbox"/> Gradient			
Remarks:		LIST KNOWN HAZARDS and/or SAMPLE HANDLING PRECAUTIONS <b>(Samples WILL NOT be accepted if this section is left blank)</b>	