

## SAMPLE SUBMISSION FORM

NAME:

COMPANY:

EMAIL:

PHONE:

DATE:

SAMPLE ID:  FORM:

AMOUNT SUBMITTED:  ANALYSIS REQUESTED:

# OF CHIRAL CENTERS:  MW:  FORMULA:

	MeOH	EtOH	iPrOH	CH <sub>2</sub> Cl <sub>2</sub>	Water
SOLUBLE					
SLIGHTLY					
INSOLUBLE					
UNKNOWN					

	TFA (<1%)	AMINES (<1%)	OTHER ACIDS	BASE	AIR	LIGHT	TEMP (<60°C)
STABLE							
UNSTABLE							
UNKNOWN							

	AMOUNT EXPECTED	ee or de %	CHEMICAL PURITY %
PEAK 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
PEAK 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
PEAK 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
PEAK 4	<input type="text"/>	<input type="text"/>	<input type="text"/>

### SAFETY INFO

BIOACTIVE:

TYPE:

POTENCY/HUMAN EXPOSURE ISSUES: