



## Request Form Nr\_\_\_\_\_

1. Request Details				
Organization:		VAT Number:		Date:
Contact Person:		e-mail:		Phone:
2. Sample Details				
Sample ID:	Sample Appearance:		Concentration:	mg.L <sup>-1</sup>
Solvent:  MeOH CHCl3 H <sub>2</sub> O CH <sub>3</sub> CN Others:	Purity: ☐ Pure ☐ Not Pure:		Hazard: ☐ Toxic ☐ Not Toxic ☐ Unknown	
Sample must be returned? ☐ Yes ☐ No	Storage:  ☐ Temperature:  ☐ Protected from light  ☐ Other:		Aim of the Analysis:	
Exact Mass:	Molecular Formula:		Molecular Structure:	
Analysis Type:  MS MS/MS LC-MS LC-MS/MS UUV:  From: nm to nm	Notes: ☐ May degrade in solution ☐ Others:			
		Date of sample reception:		
(Sponsor Signature)		(Service Signature)		
Date of the analysis:		Project Folder:		
(Service Signature)		Sample File:		