

Request Form Nr _____

1. Request Details		
Organization:	VAT Number:	Date:
Laboratory:	Head of the Laboratory:	
Responsible:	e-mail: _____@_____	
Contact Person:	e-mail: _____@_____	Phone:

2. Sample Details		
Sample ID:	Sample Appearance:	Concentration: mg.mL ⁻¹
Solvent: <input type="checkbox"/> MeOH <input type="checkbox"/> H ₂ O <input type="checkbox"/> CH ₃ CN <input type="checkbox"/> Others:	Purity: <input type="checkbox"/> Pure <input type="checkbox"/> Not Pure:	Hazard: <input type="checkbox"/> Toxic <input type="checkbox"/> Not Toxic <input type="checkbox"/> Unknown
Sample must be returned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Storage: <input type="checkbox"/> Temperature: _____ °C <input type="checkbox"/> Protected from light <input type="checkbox"/> Other:	Aim of the Analysis:
Exact Mass:	Molecular Formula:	Molecular Structure:
Analysis Type: <input type="checkbox"/> MS <input type="checkbox"/> MS/MS <input type="checkbox"/> LC-MS <input type="checkbox"/> LC-MS/MS <input type="checkbox"/> UV: From: _____ nm to _____ nm	Notes: <input type="checkbox"/> May degrade in solution <input type="checkbox"/> Others:	

Date:-.....-..... (Responsible Signature)	Date of sample reception:-.....-..... (Service Signature)
Date of the analysis:-.....-..... (Service Signature)	Project Folder: Sample File: