

Customer Information

Name of applicant:..... Date:.....

Email & Contact Number:.....

Research grant (if applicable):..... Signature of applicant:

Signature & Stamp of supervisor (if applicable):.....

Billing address:

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Sample Information

Number of sample (Please submit one form for every 3 samples)

Sample Code:.....

Sample Code:.....

Sample Code:.....

Quantity of Sample Submitted :
.....

Quantity of Sample Submitted :
.....

Quantity of Sample Submitted :
.....

Sample Purity (Please circle where appropriate):

crude semi-crude pure

Sample Purity (Please circle where appropriate):

crude semi-crude pure

Sample Purity (Please circle where appropriate):

crude semi-crude pure

Chromatography Mode: (Please circle where appropriate)

Isocratic Gradient

Chromatography Mode: (Please circle where appropriate)

Isocratic Gradient

Chromatography Mode: (Please circle where appropriate)

Isocratic Gradient

Mobile Phase:

Mobile Phase:

Mobile Phase:

Detection Wavelength :.....

Detection Wavelength :.....

Detection Wavelength :.....

Flow Rate :.....

Flow Rate :.....

Flow Rate :.....

Temperature :.....

Temperature :.....

Temperature :.....

FOR OFFICE USE ONLY

Date Completed :

Person in Charge :

Remarks :

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