



REQUEST FORM
HIGH PERFORMANCE LIQUID
CHROMATOGRAPHY

Organic Synthesis Research Laboratory, Institute of Science
Contact : Pn. Zaleha Afandi (03-32584294 ; zaleha476@uitm.edu.my)

Customer Information

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

Email & Contact Number:.....

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

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

Billing address:
.....
.....

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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