

TEXAS TECH UNIVERSITY

Department of Chemistry and Biochemistry

Departmental Mass Spectrometry Facility

Request date:/...../.....

Complete date...../...../.....

Request for HPLC Analysis

Your Name:.....Phone number:.....E-mail:.....

Account No.....Account Manager's Signature.....

Amount billed (\$) _____ dollars,dollars.

Total Amount:

Your sample code(s):

Analyses requested: Isocratic MeOH Acetonitrile Buffer

Gradient:

Method Development Requested Implies co-authorship in publication

Detectors: DAD ; WV1nm; WV2nm; WV3.....nm; WV4.....nm

Fluorescence: Excit.nm; Emiss.nm;

Sample characteristics:

Molecular structures ----->

Draw the structures here:

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List possible contaminants:

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Please note below any special storage and handling instructions for the sample.

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- For HPLC analysis, please provide ca. 1 mg/mL of sample in initial (low eluting power) mobile phase in 2-mL injection type screw-cap vial.
If higher concentration provided, please specify:

Pricing:

Department of Chemistry account: \$20.00 per sample

If you have questions email: kaz.surowiec@ttu.edu

Source: http://www.webpages.ttu.edu/ksurowie/HPLC_form.pdf