

FEDERAL UNIVERSITY OF SÃO CARLOS Center of Exact Sciences and Technology Chemistry Department

Rod. Washington Luiz, Km. 235 – PO Box 676 Fone: (016) 3351-8215 - Fax: (016) 3351-8350

Zip Code 13.565-905 - São Carlos - SP

e-mail: cersuschem@ufscar.br

ANALYSIS REQUEST FORM

NAME/RESPON	NSIBLE:				
INSTITUTION/E	DEPARTMENT	:			
E-MAIL:			PHONE:		
FUNDING AGENCY:		F	_ PROJECT NUMBER:		
SAMPLE TYPE: () ISOLATED COMPOUND () MIXTURE – ESPECIFY TYPE:					
NUMBER OF S	AMPLES:				
TYPE OF ANAL () MASS DETE () ENANTIOMI () DIASTEROI () QUANTIFIC	ERMINATION ERIC EXCESS SOMERIC RA				
SAMPLE IDENTIFICATION	MOLECULAR FORMULA	MOLECULAR WEIGHT	SOLVENT FOR DILUTION*	STRUCTURE	

^{*}allowed solvents: hexane, acetonitrile, isopropanol, methanol or ethanol.

CHROMATOGRAPHIC CONDITIONS
COLUMN:
MOBILE PHASE:
ELUTION MODE: () ISOCRATIC () GRADIENT
FLOW RATE:
COLUMN TEMPERATURE:
ABPR PRESSURE: SAMPLE WEIGHT:
INJECTION VOLUME:
INSECTION VOLUME.
PLEASE ATTACH CHROMATOGRAM BELOW

MANDATORY FILLING FOR THE ANALYSIS OF MIXTURE SAMPLES

Please send your requisition to: cersuschem@ufscar.br

Signature of the responsible person