



PREPARATIVE APPLICATION QUESTIONNAIRE

For Internal Use ONLY

Date: _____

CT Code: _____

CT Contact: _____

Customer Information:

Name: _____

Email: _____

Company: _____

Shipping Address: _____

City/State/Zip: _____

Phone: _____

FAX: _____

Signature: _____

Sample Structure: (Required)

Sample Information:

Chemical Name/Code: _____

Amount to be Separated: _____ grams

Submitted Sample Amount: _____ g *Please submit at least 200 mg.*

Isomer Type: (Please Circle) RACEMIC DIASTEREOMERIC MIXTURE

pKa: _____ UV (max): _____ (Please Send Spectrum, if available)

Solvents used during synthesis: _____

Appearance: (Please Circle)	Powder	Crystal	Oil	Other: _____	Color: _____
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Solubility: (Please Circle)				Stability: (Please Circle)			Details
EtOH:	>10 g/L	>1 g/L	Insoluble	Light:	Stable	Unstable	
MeOH:	>10 g/L	>1 g/L	Insoluble	Temp (≤ 50 °C):	Stable	Unstable	
IPA:	>10 g/L	>1 g/L	Insoluble	Acid (e.g. TFA):	Stable	Unstable	
ACN:	>10 g/L	>1 g/L	Insoluble	Base (e.g. DEA):	Stable	Unstable	
Hexane:	>10 g/L	>1 g/L	Insoluble	Other (moisture, air, etc.):			

Separation Information:	Column	Mobile Phase
Column/Conditions already tried with success:		
Column/Conditions already tried without success:		

Recommendations or Other Useful Information: _____

May we add the results to an application presentation/publication: YES NO Conditions, if any: _____

Safety Information:

Toxicity Data: (Please Circle) Toxic / Harmful Minimal Hazard

Bioactive: _____ If Bioactive, what type: _____

Potency/Human Exposure Issues: _____

Return Form with Sample and MSDS (if not available, please provide a generic MSDS relevant to your compound's chemical class) to:

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