

ANALYTICAL APPLICATION QUESTIONNAIRE



For Internal Use Only
 Date: _____
 ACT Code: _____
 CT Contact: _____

Customer Information:

Name: _____
 Email: _____
 Company: _____
 Shipping Address: _____

 City/State/Zip: _____
 Phone: _____
 FAX: _____

Sample Structure: (Required)

Sample Information:

Chemical Name/Code: _____

Amount to be Separated: _____ grams

Submitted Sample Amount: _____ g *Please submit at least 25 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:	
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:	<i>Column</i>	<i>Mobile Phase</i>
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:

Attn: Analytical Method Development
 Chiral Technologies, Inc.
 800 North Five Points Road, West Chester, PA 19380
 Tel: 610-594-2100 FAX: 610-594-2325
 Email Address: separations@chiraltech.com