



Application Request

Chromatography

Company name: _____

Address: _____

City / Country: _____

Contact person: _____

Title: _____

Telephone: _____

Fax: _____

E-mail: _____

Field of application

remarks

Academia	<input type="checkbox"/>	_____
Chemistry	<input type="checkbox"/>	_____
Environment	<input type="checkbox"/>	_____
Feed	<input type="checkbox"/>	_____
Food and Beverage	<input type="checkbox"/>	_____
Pharma	<input type="checkbox"/>	_____
Others	<input type="checkbox"/>	_____

Name of substance / mixture to be separated

Description of request (Enter detailed information and a precise description of your request.)

Sample description

yes

no

remarks

Dry sample _____

Solution (enter concentration of key component) _____

Describe solvents, incl. purity and toxicity. Solvent 1: _____

Solvent 2: _____

Is the substance / mixture a synthetic product?

Is the substance / mixture a natural product?

└ of animal origin?

└ of plant origin?

└ other? _____

Maximum temperature without degradation (°C): _____

Is the substance oxygen sensitive?

Describe optimum storage conditions. _____

Aspects of health and safety* (Is the product considered to be hazardous?)

	yes	no
Carcinogenic	<input type="checkbox"/> **	<input type="checkbox"/>
Mutagenic	<input type="checkbox"/> **	<input type="checkbox"/>
Toxic	<input type="checkbox"/> **	<input type="checkbox"/>
Corrosive	<input type="checkbox"/>	<input type="checkbox"/>
Irritant	<input type="checkbox"/>	<input type="checkbox"/>
Oxidant	<input type="checkbox"/>	<input type="checkbox"/>
Explosive	<input type="checkbox"/> **	<input type="checkbox"/>
Flammable	<input type="checkbox"/>	<input type="checkbox"/>
Unstable / reactive	<input type="checkbox"/>	<input type="checkbox"/>

Remarks: _____

* Please contact your BUCHI representative before sending a sample. Samples without proper description and/or without material safety data sheet (MSDS) are refused.

** We preserve the right to refuse a sample marked as carcinogenic, mutagenic, toxic and explosive. Please attach material safety data sheet (MSDS)!

Available information on separation / purification

Enter detailed information about the sample preparation, e.g. solubility, concentration, TLC information (pictures, R_f values), HPLC chromatograms, columns and conditions for good separation etc.

Results and obtained fractions

	yes	no
Results and report have to be treated confidential.	<input type="checkbox"/>	<input type="checkbox"/>

The results are summarized in a report. Obtained fractions are stored for one month. Obtained fractions are not sent back.

Sales information

	yes	no	
Instrument in operation (If yes, enter serial number)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Comparison with competitor (If yes, specify competitor(s))	<input type="checkbox"/>	<input type="checkbox"/>	_____
Instrument to be purchased	<input type="checkbox"/>	<input type="checkbox"/>	

Other _____

One experimental day for feasibility tests is free of charge, including report. For additional effort, BUCHI will charge a daily fee. In this case BUCHI will contact you in advance.

BÜCHI Labortechnik AG
Application Lab
Meierseggstrasse 40
CH – 9230 Flawil 1
T +41 71 394 63 63
F +41 71 394 65 65
buchi@buchi.com

Date: _____

Name: _____

Signature: _____