



# Application Request

## Lyovapor™

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode / City / Country: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Field of application

Field of application		Remarks
Pharma / Biotech	<input type="checkbox"/>	_____
Chemistry	<input type="checkbox"/>	_____
Food / Beverage	<input type="checkbox"/>	_____
Feed	<input type="checkbox"/>	_____
Environmental	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

### Name of substance to be processed (Chemical composition)

\_\_\_\_\_

Substance is soluble in water?                      yes                      no  
   

If not, please specify suitable solvent: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Application?     Vials     Bulk     Flask     Ampoules     96 Well

Volume of the Sample? \_\_\_\_\_

If Flask, no of Flasks \_\_\_\_\_

If Shelf application, no of shelves \_\_\_\_\_

Which BUCHI Lyovapor™ should be used? \_\_\_\_\_

### Sample description

Enter detailed information about the sample below, e.g. concentration, solvent system, suspension, emulsion, special handling, sample preparation, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sample concentration (w%) \_\_\_\_\_

Collapse / Glass transition Tg' or Eutectic temperature \_\_\_\_\_

Freezing behavior (e.g. amorphous, crystalline) \_\_\_\_\_

Freezing method / Freezing temperature (°C) \_\_\_\_\_

**Aspects of health and safety\*** (Is the product considered to be hazardous?)      yes      no

Carcinogenic      \*\*     

Mutagenic      \*\*     

Toxic      \*\*     

Irritant           

Corrosive           

Unstable / reactive / oxidant           

Sample handling in fume hood required           

Gloves required for sample handling           

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, and my ask for less hazardous model substance in exchange.

**Expected results**

Batch size / sample size \_\_\_\_\_

Max. moisture content in final product (%) \_\_\_\_\_

**Sales information**      yes      no

New user for Freeze drying           

Already using Freeze drying           

Make and model      \_\_\_\_\_

Date of purchase      \_\_\_\_\_

Instrument in operation (If yes, enter serial number)                  \_\_\_\_\_

Comparison with competitor (If yes, specify competitor(s))                  \_\_\_\_\_

Instrument to be purchased           

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.

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_