



REQUISITION FORM FOR (LC-MS/MS)

NAME: <input type="text"/>		For Office Use Only	
DEPARTMENT: <input type="text"/>		Reference No. <input type="text"/>	
COMPOUND CODE: <input type="text"/>		DATE: / /	
TEL. / MOBILE NO. <input type="text"/>	EMAIL: <input type="text"/>		
<input type="text" value="Synthesis (including starting materials) and or proposed structure (s)"/>			
Diluting Organic Solvents (at least HPLC grade): <input type="text"/>			
Molecular Formula: <input type="text"/>			
Molecular weight: <input type="text"/>		Concentration: <input type="text"/>	
Solvent System: <input type="text"/>			
Note: The Solid form of the sample is preferred.			
Further Remarks <input type="text"/>			
SIGNATURE <input type="text"/>		DATE: / /	