



Robertson Microlit Laboratories

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HPLC ANALYSIS REQUEST

Sample ID:	Date:	
Requester Name:	Email:	
Company:	Phone #:	
Address:		
PO# OR CREDIT CARD INFO: (REQUIRED)		
Name and Structure:	Solubility:	
	Molecular Weight:	
Type of sample:	<input type="checkbox"/> Solid	<input type="checkbox"/> Liquid <input type="checkbox"/> Gel
Number of Components:	Quantity of Sample Submitted (µg):	
Sample Purity:	<input type="checkbox"/> crude	<input type="checkbox"/> semi-pure <input type="checkbox"/> pure
cGMP ANALYSIS <input type="checkbox"/> No <input type="checkbox"/> Yes (additional surcharge required)		
Special Storage Conditions:		
CHROMATOGRAPHIC CONDITIONS		
Monograph procedure or sample preparation (include as much detail as possible):		
Column:	Mobile Phase:	Detection Wavelength(s):
Flow Rate:	Temperature:	
Chromatographic Mode:	<input type="checkbox"/> Isocratic	<input type="checkbox"/> Gradient
Remarks:	LIST KNOWN HAZARDS and/or SAMPLE HANDLING PRECAUTIONS (Samples WILL NOT be accepted if this section is left blank)	

NOTE: If repeat analyses are required due to lack of information, extra charges may apply.