

## Request for Laboratory Services

|                                    |  |  |
|------------------------------------|--|--|
| <b>Information about customer</b>  |  |  |
| Name of company:                   |  |  |
| Person to contact:                 |  |  |
| Responsibility within the company: |  |  |
| Department:                        |  |  |
| Address:                           |  |  |
| Phone:                             |  |  |
| Fax:                               |  |  |
| E-Mail:                            |  |  |
| Field of activity/business:        |  |  |

|   |  |  |
|---|--|--|
| <b>Information about analytical task (HPTLC)</b>  |  |  |
| Type of service requested:  |  |  |
| <ul style="list-style-type: none"> <li>Feasibility study</li> <li>method development</li> <li>validation</li> </ul> |  |  |

|  |  |  |
|--|--|--|
| Detailed description of the analytical goal: |  |  |
|  |  |  |

|  |  |  |
|--|--|--|
| Current method of analysis (please attach method):   |  |  |
| <ul style="list-style-type: none"> <li>TLC/HPTLC</li> <li>HPLC</li> <li>GC</li> <li>Other</li> <li>None</li> </ul> |  |  |

|   |  |  |
|---|--|--|
| Type of sample (matrix):  |  |  |
| <ul style="list-style-type: none"> <li>pharmaceutical formulation (tablet, syrup, etc.)</li> <li>cosmetic</li> <li>plant extract</li> <li>oil/glycerin</li> <li>other (specify):</li> </ul> |  |  |

|  |  |  |
|--|--|--|
| Sample preparation:  |  |  |
| <ul style="list-style-type: none"> <li>known (please attach methodology)</li> <li>to be developed</li> <li>sample to be received (please attach details of work up)</li> </ul> |  |  |

|                                     |     |    |
|-------------------------------------|-----|----|
| Stability of the samples/standards: |     |    |
| Sensitive to oxygen:                | yes | no |
| Sensitive to temperature:           | yes | no |
| Sensitive to light:                 | yes | no |
| Sensitive to pH:                    | yes | no |
| Please specify:                     |     |    |

Please provide name and structural formula for each analyte (in a separate file).  
 File name:

Storage requirements:  
 room temperature  
 refrigerator  
 freezer

Standards:  
 Will be provided together with the sample(s)  
 Source:  
 Estimated cost: CHF (will be billed)

Evaluation:  
 qualitative (criteria: pattern of substances, identity,...):  
  
  
  
  
  
  
  
  
  
  
  
 quantitative (LOD/LOQ,...):  
 Expected detection limits:  
 Assay > 10 ppm < 10 ppm < 1 ppm < 1 ppb  
 Detection mode:  
 Fluorescence detection Absorption both

|   |     |    |
|---|-----|----|
| In the case of success, can the resulting data be used by CAMAG publicly?                 | yes | no |
| If not, please provide me with CAMAG's confidentiality agreement (will be sent by E-Mail) | yes | no |

Attachments:  
 literature  
 current method of analysis  
 other

**I am interested in individual training**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

Please fill in and return by email ([request@camag.com](mailto:request@camag.com)) or fax (+41 61 461 07 02). You will be contacted as soon as possible.