

Chiral Analysis Submission Form

Contact Information					Payment and Delivery Information	
Company					Purchase Order #	
Contact					ruicilase Order #	
Address						SYN Pharmatech Inc.
City, State, Zip					Submit samples to	398 Laird Rd.,Guelph,
Phone						ON., Canada. N1G 3X7
Fax						
Email					Phone #	1-519-821-5438
Signature		Date			THORE II	
Material / Sample Information					SYN Pharmatech Internal Purposes only	
Name	CAS Number		Purity		SYN Lot Number	
Structure	Formula		Appearance		SYN Stock Code	
	Formula Weight		Melting Point		Chemist	
	Quantity(grams)		Boiling Point		Chem. Manager	
	Reference	□Yes □No	Request Date		Received Date	
	Analysis/Testing	□HPLC □LC-I	MS □¹HNMR □¹	CNMR	Required Delivered Date	
Special Instructions					SYN Pharmatech Internal Purposes only	
(recommend references, recommend reaction route, requested delivered date, recommend stock and storage information)					SYN Internal Department Approval	
					Signature by (Manager)	
					Signature by (Chemist)	
					Assigned date	
					Form Version	1