

Process Development Submission Form

Contact Information						Payment and Delivery Information	
Company					Purchase Order #		
Contact							
Address						Submit samples to	SYN Pharmatech Inc.
City, State, Zip							398 Laird Rd.,Guelph,
Phone						-	ON., Canada. N1G 3X7
Fax							
Email						Phone #	1-519-821-5438
Signature			Date			rnone "	
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-N	$MS \square$ ¹ $HNMR \square$ ¹³	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