

Custom Synthesis Submission Form

Contact Information				Payment and Delivery Information		
Company				Purchase Order #		
Contact				Submit samples to	SYN Pharmatech Inc. 398 Laird Rd., Guelph, ON., Canada. N1G 3X7	
Address						
City, State, Zip						
Phone						
Fax						
Email				Phone #	1-519-821-5438	
Signature		Date				
Material / Sample Information				SYN Pharmatech Internal Purposes only		
Name		CAS Number		Purity		
Structure	Formula		Appearance		SYN Lot Number	
	Formula Weight		Melting Point		SYN Stock Code	
	Quantity(grams)		Boiling Point		Chemist	
	Reference	<input type="checkbox"/> Yes <input type="checkbox"/> No	Request Date		Chem. Manager	
	Analysis/Testing	<input type="checkbox"/> HPLC <input type="checkbox"/> LC-MS <input type="checkbox"/> ¹ HNMR <input type="checkbox"/> ¹³ CNMR			Received Date	
Special Instructions (recommend references, recommend reaction route, requested delivered date, recommend stock and storage information)				SYN Pharmatech Internal Purposes only		
				SYN Internal Department Approval		
				Signature by (Manager)		
				Signature by (Chemist)		
				Assigned date		
				Form Version	1	