

COLUMN SELECTION QUESTIONNAIRE

For Internal Use Only

Date: _____

ACT Code: _____

CT Contact: _____

Initial Contact: _____

CUSTOMER INFORMATION:

Name: _____

Email: _____

Company: _____

Shipping Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

SAMPLE STRUCTURE:

OPTION 1: Hand-draw structure in this area.

OPTION 2: Download form, click box above to upload structure image.

SAMPLE INFORMATION:

Chemical Name/Code: _____

Submitted Sample Amount: _____ g **Please submit at least 25 mg.**

Isomer Type (Please Check): RACEMIC DIASTEREOMERIC MIXTURE RP _____

Acidic Basic Amphoteric UV Max: _____ (Please send spectrum, if available) LC/MS Method _____

Expected number of peaks: _____

Solvents used during synthesis and post-synthesis purification: _____

Recommendations or other useful information: _____

SOLUBILITY: (Please Check)	STABILITY: (Please Check)	Details
MeOH: <input type="checkbox"/> >10 g/L <input type="checkbox"/> >1 g/L <input type="checkbox"/> Insoluble	Light: <input type="checkbox"/> Stable <input type="checkbox"/> Unstable	
EtOH: <input type="checkbox"/> >10 g/L <input type="checkbox"/> >1 g/L <input type="checkbox"/> Insoluble	Temp ($\leq 50^{\circ}\text{C}$): <input type="checkbox"/> Stable <input type="checkbox"/> Unstable	
IPA: <input type="checkbox"/> >10 g/L <input type="checkbox"/> >1 g/L <input type="checkbox"/> Insoluble	Acid (e.g., TFA): <input type="checkbox"/> Stable <input type="checkbox"/> Unstable	
ACN: <input type="checkbox"/> >10 g/L <input type="checkbox"/> >1 g/L <input type="checkbox"/> Insoluble	Base (e.g., DEA): <input type="checkbox"/> Stable <input type="checkbox"/> Unstable	
Hexane: <input type="checkbox"/> >10 g/L <input type="checkbox"/> >1 g/L <input type="checkbox"/> Insoluble	Other: (moisture, air, etc.)	

SEPARATION INFORMATION	Column	Mobile Phase
Column/Conditions already tried with success:		
Column/Conditions already tried without success:		

SAFETY INFORMATION:

Toxicity Data (Please Check): Toxic/Harmful Minimal Hazard Bioactive

If Bioactive, what type: _____

Potency/Human Exposure Issues: _____

Return form with sample and SDS (if not available, please provide a generic SDS relevant to your compound's chemical class) to:

Attn: Column Selection Service
Chiral Technologies, Inc.
1475 Dunwoody Dr, Suite 310
West Chester, PA 19380

Tel: 610-594-2100
Fax: 610-594-2325
Email: separations@cti.daicel.com

SAVE AS

PRINT