

## HPLC APPLICATION REQUEST FORM

**Company Name:**

**Date:**

**Customer's Name:**

**Contact email:**

**Brief of Separation Required:**

**Instrumentation Method will be Used on:**

**LC Manufacturer:**

**Pressure Limit:**

**Dwell Volume:**

**Analytes of Interest:**

**Solubility of Analytes:**

**Current Method Conditions:**

**Requirements of New Separation:**

i.e. LC-MS compatible, short analysis time, separation mode, resolution, gradient only, LC pressure limit, limit of detection

**Any Additional Information:**