

ANALYSIS REQUEST FORM

Fill the blank fields

User Data					
Date		Name:			
Email		Department:			
Main Researcher		Mailing address:			
Center/Company					
VAT					
Project Type and Reference					
Analysis					
Samples types (Lipids, Carbohidrates,...)					
Analysis Type	GC-FID	GC-HS	GC-MS		
Type of Report	Quantitative (with Internal Standard)		Qualitative (presence/absence)		
Samples. Please, fill in the relevant fields					
Vial	Sample Name	Sample Quantity (ug)	Internal Standard (IS)	IS Quantity (ug)	Solvent
User observations and sample information for GC-MS analysis (identity and compounds molecular mass, if they are known):					
Facility Observations:					

Researcher Signature: