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## ANALYSIS REQUEST FORM GAS CHROMATOGRAPHY

Fill in the blank fields

User Data					
Date:			Name:		
Email:			Phone number:		
Main Researcher:			Department:		
Center/Company:			Mailing Address:		
VAT number:					
Project Type and Reference:					
Analysis					
Samples types (Lipids, Carbohydrates,...)					
Analysis Type	GC-FID		GC-HS		GC-MS
Type of Report	Quantitative (with Internal Standard)			Qualitative (presence/absence)	
Samples data (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: