



GAS CHROMATOGRAPHY FACILITY
 cromatografia@cib.csic.es
 91 837 31 12 Ext. 4296

ANALYSIS REQUEST FORM

Fill the blank fields

User Data					
Date		Name:			
Email		Department:			
Main Researcher					
Center/Company		Mailing address:			
VAT					
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. 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: