

Analytical Services

Please submit to:
 Obiter Research, LLC
 Attn: Analytical Dept.
 2809 Gemini Ct.
 Champaign, IL 61822



Sample Submission Form

Phone: 217-359-1626
 Fax: 217-359-2567
 analytical@obires.com
 http://www.obires.com

SEND RESULTS TO:	SEND INVOICE TO: <input type="checkbox"/> Same as Results
Attn:	Attn:
Company:	Address:
Address:	City, State, Zip:
City, State, Zip:	Credit Card:* <input type="checkbox"/> Amex <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Phone:	Name on Card:
Fax:	Card #: Exp:
Email:	*or PO#:

Sample Information:

Sample Name/Description	Lot #	Amount Supplied (if Applicable)	Tests Needed	Storage	Hazards
			<input type="checkbox"/> HPLC <input type="checkbox"/> UV <input type="checkbox"/> LC-MS <input type="checkbox"/> Elemental <input type="checkbox"/> NMR*	<input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Light Sensitive	<input type="checkbox"/> Carcinogen <input type="checkbox"/> Cytotoxic <input type="checkbox"/> Other _____
			<input type="checkbox"/> HPLC <input type="checkbox"/> UV <input type="checkbox"/> LC-MS <input type="checkbox"/> Elemental <input type="checkbox"/> NMR*	<input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Light Sensitive	<input type="checkbox"/> Carcinogen <input type="checkbox"/> Cytotoxic <input type="checkbox"/> Other _____
			<input type="checkbox"/> HPLC <input type="checkbox"/> UV <input type="checkbox"/> LC-MS <input type="checkbox"/> Elemental <input type="checkbox"/> NMR*	<input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Light Sensitive	<input type="checkbox"/> Carcinogen <input type="checkbox"/> Cytotoxic <input type="checkbox"/> Other _____
			<input type="checkbox"/> HPLC <input type="checkbox"/> UV <input type="checkbox"/> LC-MS <input type="checkbox"/> Elemental <input type="checkbox"/> NMR*	<input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Light Sensitive	<input type="checkbox"/> Carcinogen <input type="checkbox"/> Cytotoxic <input type="checkbox"/> Other _____

*If NMR analysis is requested, please specify a solvent (if known) and experiment (¹H, ¹³C, ¹⁹F, 2D, etc.) in the special instructions.

Special Instructions:

Signature affirms agreement to all standard terms set forth by Obiter Research, LLC.

Customer Signature: _____ **Date:** _____