

Screening data sheet

Instructions

Please send the completed form along with your sample. Depending on your separation requirements we need an adequate quantity of sample. Please inquire if you need a confidentiality agreement signed before you send us your sample.

Contact information

Name:
 Company:
 Address:
 City:
 State: Zip code:
 Country:
 Phone:
 Fax:
 E-mail:

Sample

Volumen/amount:

Storage conditions:

Compound information

Name:









Structure:

Please specify at least the functional groups, if the structure is restricted.

MSDS available

YES NO
 If yes, please include a copy with your sample.

CLP classification and biohazard

- | | | | | | | | |
|--------------------------|-------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  |
| <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  |
- Toxic Carcinogenic
- Contains genetically modified organisms

Physical appearance

Powder Waxy Oil

Liquid _____ (solvent)

UV (max): _____ nm

	Stable	Decomp.	Unknown
Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moisture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temp >25°C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pH 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pH <6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Soluble	Insoluble	Unknown
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methanol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethanol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-Propanol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acetonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methylene Chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hexane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Already known chromatographic data

	Column name	Mobile phase	Comments
1.			
2.			
3.			

Publish application results

YES NO

KNAUER would highly appreciate the opportunity of obtaining your permission to reference your material as an Application Note.