



ANALYTICAL HPLC SEPERATION FORM

Date:	Name:	WG-Nr.:
Lab:	Phone:	eMail:
Sample Informations		
<i>(Please enter structure formulars of the major and minor components here)</i>		
Sample-ID:	solid <input type="checkbox"/> liquid <input type="checkbox"/> paste <input type="checkbox"/>	Sensitive? Air <input type="checkbox"/> Light <input type="checkbox"/> Temp. <input type="checkbox"/>
Elemental formular / Molecular weight:		/ gr./mol
Initial weight:		
Soluble in:		
Not soluble in:		
Analysis so far <i>(please check boxes)</i>	NMR <input type="checkbox"/>	Mass <input type="checkbox"/> IR <input type="checkbox"/> XRay <input type="checkbox"/> CHNS <input type="checkbox"/>
UV activity? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(YES: please enter maxima wavelengths here)</i>		
TLC	Eluent:	R _f :
<i>(Please paste/draw TLC cards here – please note stationary phase (Reversed Phase, AlOx, SiOH...))</i>		
Former HPLC of this compound? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(YES: please enter name of data file here)</i>		
Method		
METHOD SELECTION	<input type="checkbox"/> achiral separation <input type="checkbox"/> chiral separation	
semi-preparative separation? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(prep. separations are ONLY possible after consulting the operator)</i>		
Further information: <i>(write on the back side of this form)</i>		