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Chiral Screening Data Sheet

Contact Information:

Primary Contact _____

Other Contact _____

Company _____

Address _____

City _____

State _____ Zip code _____

Country _____

Phone _____ Fax _____

e-mail _____

Separation Requirements:

Analytical

Preparative

Quantity _____ mg gr kg

Physical, Chemical, and Chromatographic Data:

MSDS Available Yes No If yes, include a copy with your sample.

Hazardous Material Yes No Unknown

Special Handling Requirements Yes No Unknown

Appearance:

Powder Crystal Oil Other

Color _____ pK_a _____ UV (max) _____ UV (min) _____

Chemical Purity _____

Compound Structure/Name

Structure:

Compound Name:

(This compound may may not
be used in an application booklet)

Do you want your sample returned?

Yes No

Please Note: All samples are
destroyed after the screening process is
complete.

Stability/Exposure:

Light	<input type="checkbox"/> Stable	<input type="checkbox"/> Decomposes	<input type="checkbox"/> Unknown
Moisture	<input type="checkbox"/> Stable	<input type="checkbox"/> Decomposes	<input type="checkbox"/> Unknown
Temp < 40°C	<input type="checkbox"/> Stable	<input type="checkbox"/> Decomposes	<input type="checkbox"/> Unknown

Acids:

Acetic Acid (<1%)	<input type="checkbox"/> Stable	<input type="checkbox"/> Decomposes	<input type="checkbox"/> Unknown
Trifluoroacetic Acid (<1%)	<input type="checkbox"/> Stable	<input type="checkbox"/> Decomposes	<input type="checkbox"/> Unknown

Bases:

Triethylamine (<1%)	<input type="checkbox"/> Stable	<input type="checkbox"/> Decomposes	<input type="checkbox"/> Unknown
Diethylamine (<1%)	<input type="checkbox"/> Stable	<input type="checkbox"/> Decomposes	<input type="checkbox"/> Unknown

Storage Conditions: _____

Solubility:

Water	<input type="checkbox"/> Soluble	<input type="checkbox"/> Slightly	<input type="checkbox"/> Decomposes	<input type="checkbox"/> Unknown
Methanol	<input type="checkbox"/> Soluble	<input type="checkbox"/> Slightly	<input type="checkbox"/> Decomposes	<input type="checkbox"/> Unknown
Ethanol	<input type="checkbox"/> Soluble	<input type="checkbox"/> Slightly	<input type="checkbox"/> Decomposes	<input type="checkbox"/> Unknown
2-Propanol	<input type="checkbox"/> Soluble	<input type="checkbox"/> Slightly	<input type="checkbox"/> Decomposes	<input type="checkbox"/> Unknown
Hexane	<input type="checkbox"/> Soluble	<input type="checkbox"/> Slightly	<input type="checkbox"/> Decomposes	<input type="checkbox"/> Unknown
Ethyl Acetate	<input type="checkbox"/> Soluble	<input type="checkbox"/> Slightly	<input type="checkbox"/> Decomposes	<input type="checkbox"/> Unknown
CH ₂ Cl ₂	<input type="checkbox"/> Soluble	<input type="checkbox"/> Slightly	<input type="checkbox"/> Decomposes	<input type="checkbox"/> Unknown
Acetonitrile	<input type="checkbox"/> Soluble	<input type="checkbox"/> Slightly	<input type="checkbox"/> Decomposes	<input type="checkbox"/> Unknown

Other: _____

Chromatographic Analysis:

Column _____

Column Manufacturer _____

Mobile Phase _____

Flow Rate _____ Wavelength _____

Please include a copy of the chromatogram.

Instructions: Please send the completed form along with your sample. We would like to have at least 25 mg of sample. If you are unable to send us 25 mg, you must include sufficient solubility information. If the compound you are sending is not commercially available, please inquire if you need a confidentiality agreement signed before you send us your sample.