AcmeBay Center

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Analytical Service Submission Form

Date ________________ **Time:**________________

Name ________________ **Phone** ______________ **email**_______________________

Company ____ **PO#** ____________________

Data will be sent via email as PDF file

Sample ID ______________________ **Solvent** ____________________

Work to be done: ^{1}H ^{31}P ^{13}C ^{19}F D_2O exch Other ______

Sample to be: Returned Discarded

Indicate Hazards: **A**bsorption **I**nhalation **S**melly **R**eactive **S**pecial handling
Special requests: **LC-MS** service Molecular weight______

Sample ID ______________________ **Solvent** ____________________

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