

## Sample(s) Submission Form for Size Exclusion Chromatography (SEC)

Date: \_\_\_\_\_ FOAPAL: \_\_\_\_\_

### Supervisor/PI's information:

Name:

Phone:

Email:

Signature:

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### Personal submitting the sample:

Name:

Email:

Department:

Signature:

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**SEC in Organic phase:** Chloroform  Dimethylformamide  o-Dichlorobenzene

**SEC in Aqueous phase:** (please specify)

**Column temperature:**

**Adjuvants:**

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### Sample(s) information:

Number of samples:

Samples ID:

Structure(s):

Expected Theoretical Average Molecular Weight(s)

**Note: Please submit samples in their native state and attach literature references if available.**