



**Fax Back Custom Synthesis  
Quotation Request Form**

**Fax to: 01256 766630**

In order to provide you with an accurate and timely quotation, it is important you complete the form below.

Name

Company Name

Department

Address

Telephone Number

Fax Number

Email

Compound name and CAS# \_\_\_\_\_

Required Quantity(s) \_\_\_\_\_

Please provide the structure of the compound, showing the required labelled position(s) and isotope(s):

How will you be using this compound?  Mass Spec  NMR  Other

Tick here if specific position labelling is not required  and the # of Mass units you require \_\_\_\_\_

Which isotopes would be appropriate for this application? (tick one or more options)

<sup>13</sup>C  <sup>15</sup>N  D  <sup>17</sup>O  <sup>16</sup>O  <sup>18</sup>O Other \_\_\_\_\_ Not required

Will this quotation be used for  immediate project  budget/grant proposal

What delivery time would be required for this synthesis?

<2 weeks  2-4 weeks  4-6 weeks  6-8 weeks  8-10 weeks  10+weeks

Thank you for this information, upon receipt we will give your request our immediate attention.