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Questionnaire for Custom Chromatography System Engineering

A) CUSTOMER ADDRESS:

Title/Name: Company: Department/Function: PO Box/Street: City/Post code: Country:

Phone: Fax:

B) **GENERAL ASPECTS, APPLICATION, SEPARATION PROBLEM:**

Flowrate: System pressure: **Biocompatibility:** Location:

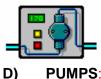
Coldroom?

C) **ELUENTS, ELUENT SELECTION:**

Aqueous (AB) (state salt type and concentration):

Organic solvents (SR):

Number/type of solvent components:



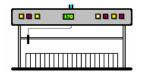
Double piston pumps (KD, 50-300bar) Triple piston pumps (Armen, 50-250bar) Flash pumps (Armen, 25bar) Valve-less pumps (VP, 0-7bar) Peristaltic pumps (0-2bar) Membrane pumps (0-300bar) additional pulse dampeners



pН

Conductivity Pressure Other (specify)

Isocratic Binary Low pressure mixing dynamic High pressure mixing static Ternary Quarternary **SAMPLE INJECTION:** F) Sample volume from _____ ml to _____ ml Injection method: sample injector manual injection valve (HDV) with system pump motorised injection valve (HSV) separate pump autosampler COLUMNS: G) Existing To be supplied ID [mm]: Bed height [mm]: Column type/construction: Bubble trap Column by-pass Column switching Column back flush Packing material: H) **DETECTION:** UV/VIS from _____ nm to _____ nm from _____ nm to _____ nm 2-channel DAD Refractive index (RI)



I) FRACTIONATION:

manual automatic valve fraction collector motorised valve

Volume per fraction: Number of fractions: Collection vessel diameter [mm]:

Other special features of the system (Valve switching, bypass, etc.), dimension of system, rack requirements):

J) DATA ACQUISITION AND SYSTEM CONTROL:

Manually controlled Computer controlled Data acquisition, number of channels: Line writer, number of channels: Printer

24Bit

20Bit



Control options

Peak sampling (fractionation by peak slope and/or height) Autosampler Table (autosampler control and sequential run of different methods)

System requirements:

K) DOCUMENTATION:

Document of conformity, Suppliers certificates, instrument manuals OQ-support PQ-support GMP-conformity Validation report

Notes:

L) TIMELINE:

Date for installation: Date for order:

Responsible parties: Project leader Customer:	Name: Department: Telephone: e-mail:
Project leader Kronlab:	Name: Lars Henning Department: System Engineering Telephone: +49 / 2064 / 427-0 Fax: +49 / 2064 / 427-115 e-mail:henning@ymc.de
Decision maker customer:	Name: Department: Telephone:

Budget (Who is responsible for paying/financial decision, budget limits, availability of money):

M) SKETCH OF SYSTEM