



REQUEST FOR NMR ANALYSIS

Date submitted: _____ Date required: _____

Name: _____ Email: _____

Company/Address: _____

Phone: _____ Fax: _____ Mobile: _____

Sample Details (please submit 1 form per sample)

Sample Code: _____ Requested File Name: _____

Quantity: _____ mg Do you want the sample returned Yes No

Sample Description: _____
(optional)

Do you require the NMR facility to prepare your sample (for a fee)? Yes No
(If NO, please provide your sample dissolved in 0.6 mL deuterated solvent in a good quality NMR tube)

Solvent: CDCl₃ DMSO-*d*₆ D₂O Methanol-*d*₄ Acetone-*d*₆ Other: _____

Information Sought

Spectrometer: 400 MHz 600 MHz

Experiment	Parameters (optional)

Comments/Special Instructions: _____

OPERATOR USE ONLY

Operator: _____	Date: _____	Solvent: _____	Experiments: _____
Run duration (h): _____	Rate per hour: \$ _____	Sample Prep: \$ _____	Total cost: \$ _____
Comments: _____			