

NMR Spectroscopy Sample Submission Form



Chem NMR Spectroscopy Facility
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Researcher Information

Name

Department

Date

Phone

Email

Sample ID: _____

If sample in a solution:

Solvent? _____

Concentration? _____

Billing Information

Name

Address

City

State

Zip

If sample a solid:

Mass and Molecular Weight? _____

Suggested Solvent? _____

Probable Structure	Requested Experiments (circle all that apply)			
	1D 1H	1D 13C	1D 31P	13C DEPT
	COSY	TOCSY	HSQC	HMBC
	NOESY	Other Heteronuclei		
	Other Experiments (specify)			

Please outline your research problem

For Laboratory Use ONLY:

Date Received:

Date Completed:

Date Scheduled:

Time Spent:

Acct #: