

NMR Sample Submission Form

All NMR tubes should have a proper NMR label before the submission.

Please complete this form and submit it with your samples to the NMR staff in PS651. If your sample is unstable or you need to have your sample run at specific time, make sure you check the appropriate box, you will be receive a confirmation for your appointment.

User Name (Contact): _____ Phone: _____

Lab number: _____ Email: _____

Sponsor Name: _____ Sponsor Signature: _____

Date: _____

Sample Name _____ **Sample Label:** _____

Solvent: _____ Concentration: _____

If you sample is toxic, air sensitive, short life or unstable please explain:

Special handling and remarks: _____

NMR experiment requested (check one):

1H 13C 19F 31P COSY ROESY NOESY

HMBC HMQC HSQC

Other (please explain) _____

Check one please: Normal Run Urgent Run Specific Date: _____

Alternative Date: _____

Spectrometer to be used for your experiment: 300 MHZ 400 MHZ 600 MHZ

Temperature Ambient Other (explain) _____

Other remarks (e.g. region of interest): _____

Data Processing Instructions (e.g. expansion region, choice of shift reference: default or TMS or other special requests). There is an additional charge for data processing.

Your sample will be disposed if not picked up within a week after the NMR experiment.

NMR Facility Use Only

Your Confirmation Date: