Request for NMR Service
Department of Chemistry & Biochemistry
California State University, Los Angeles

Name of person submitting request: ____________________________________________
Research group: __________________________ Date of request: ________________

Select NMR Instrument: ☐ 300 MHz ☐ 400 MHz ☐ 600 MHz

If this is a request for instrument use (400 or 600 MHz instruments), please briefly describe the experiments you need to run or have run by NMR Specialist:

If this request is for instrument repair or service, describe, in as much detail as possible, the problems or symptoms experienced with the NMR instrument to be serviced:

This request is needed for: teaching ☐ (course number:__________); or research ☐

Do not write below this line—for technician supervisor and technicians only

Date assigned: Date completed:

Technician completing service/repair:

Summary of repair or service: