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**UNIVERSITY OF TORONTO  
DEPARTMENT OF CHEMISTRY  
LIQUIDS NMR SERVICE REQUEST**

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Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Company: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ P.O. Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Sample I.D.: \_\_\_\_\_ Date Desired: \_\_\_\_\_  
Experiment To Be Run: \_\_\_\_\_

*Charges are: \$25 per proton spectra, \$80/h otherwise. A \$15 charge applies for sample tube & solvent.*

**STRUCTURE OF COMPOUND**

Solvent: \_\_\_\_\_ Molecular Weight: \_\_\_\_\_  
Concentration: \_\_\_\_\_

**OBJECTIVE OF EXPERIMENT**

*(If you provide more information, we might suggest additional experiments. Use the back of the sheet if you need more room.)*

Submitted: \_\_\_\_\_ Date Promised: \_\_\_\_\_  
Sample Number: \_\_\_\_\_ Filename: \_\_\_\_\_  
Date Finished: \_\_\_\_\_ Acquisition Time: \_\_\_\_\_  
Operator: \_\_\_\_\_ Total Time: \_\_\_\_\_  
Extra Charges: \_\_\_\_\_ Charge: \_\_\_\_\_

*Samples will usually be disposed after analysis. PDF copies of spectra are usually sent; if you need hard copies please indicate.*