

REQUEST FOR NMR SERVICE

Date Received: _____

CSICOMP Job Number: _____

Name: _____

Sample I.D.: _____

Date Desired: _____

Telephone: _____

Company: _____

E-Mail: _____

P.O. Number: _____

Address: _____

Billing Address: _____

Experiment To Be Run: _____

Sample Preparation: _____

Charges are: \$25 per proton spectra, \$85/h otherwise. A \$20 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.)

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

REQUEST FOR NMR SERVICE**SAMPLE PREPARATION NOTES****NMR EXPERIMENTS ACQUIRED/SOP DEVIATIONS****STAFF NOTES**

Submitted: _____ Date Promised: _____

CSICOMP Project Manager: _____ Sample Receiver: _____

Sample condition: _____

Filename: _____

CSICOMP Spectroscopist: _____

Date started: _____ Date completed: _____

Spectrometer: _____ Probe: _____

Filename: _____

Acquisition Time: _____

Total Time: _____

Extra Charges: _____ Charge: _____

Save files like this: 20091225-V400-NMRLQ-R4600a-CompanyOrStudentName-SampleID-Proton-TEB