
LIQUIDS NMR SERVICE REQUEST

Date: _____ Name: _____

Supervisor: _____ Telephone No.: _____

E-Mail Address : _____ †Account GL or Fund Number : _____

†Account IO or CC Number: _____ †Account CFC Number: _____

Signature of Supervisor: _____

†Your Sample I.D.: _____ Date Desired (Rush Job): _____

†Experiment To Be Run: _____

(If you have more than one experiment, please list in order you want run)

†Nucleus Detecting: _____

Decoupling (Yes/No): _____ Nucleus Decoupling: _____

Special Instructions: _____

Variable Temperature (Yes/No): _____ Temperature Range: _____

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 must be submitted in Norell 508-UP NMR tubes or equivalent. †Please fill in.