

## **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:**