

Sample Submission Form For Routine NMR Analysis

(Submit one FORM for EACH sample)

Customer Information

Name: Tel#: PO Number:
Company: Fax#: Date Submitted:
Email: Date Needed :

Sample Information

Sample ID and/or Tag Number :

Sample Toxicity / Hazard (Check all that apply):

Yes No Unknown Carcinogen
 Corrosive Toxic Other_____

MSDS Data Sheet (Check one):

Included Not Included In File with Us

Suggested Molecular Structure

Experiment Information

NMR Solvent (Check One) :

Standard Solvents : CDCl₃ D₂O
 Acetone-d₆ Methanol-d₄ Toluene-d₈ DMSO-d₆ Other_____

Additional Sample Preparation Instruction_____

NMR Nucleus (Check all that apply) :

Proton Carbon Phosphorous Fluorine Boron-11
 Deuterium Nitrogen-15 Other_____

NMR Experiment (Check all that apply):

Simple 1D DEPT(C13) APT(C13) H-H COSY H-H NOESY
 H-C HSQC H-C HMBC Other_____

Chemical Shift Standard (Check One) :

Solvent Shift at _____ ppm TMS Shift at 0 ppm

Transmission of NMR Data/Spectra (Check All That apply) :

Email me the spectrum in PDF Form FAX me the spectrum
 Mail only spectrum Other_____