

Request for NMR Service

1. Contact Information

Your Name Date
dd / m / yy

Supervisor or Company Department or Faculty

Your Email

Phone Number

Example NMR Sample

Scotch Tape Label wrapped around and folded back

Unambiguous Name

-readable by all

~3cm long and close to plastic cap

2. Sample Information (Filtered: yes no)

Sample Name Temp(s) °C

Solvent(s) Compound safe? (toxic, explosive, unstable etc.)

Proposed structure and/or special instructions.

3. Spectrometer (Circle Selection)

Any	s400	i400	mr400	m400	u500	ibd5	i600	v700
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4. Experiments (Please check selections)

1D		2D	
<input type="checkbox"/> Temp > RT	<input type="checkbox"/> ¹³ C ¹ H Dec	<input type="checkbox"/> COSY	<input type="checkbox"/> ¹ H, ¹³ C-HSQC
<input type="checkbox"/> Temp < RT (initial)	<input type="checkbox"/> ¹³ C APT	<input type="checkbox"/> MQF-COSY	<input type="checkbox"/> ¹ H, ¹³ C-HMQC
<input type="checkbox"/> Temp < RT	<input type="checkbox"/> ¹³ C ¹³ C Dec	<input type="checkbox"/> TOCSY	<input type="checkbox"/> ¹ H, ¹³ C-HMBC
<input type="checkbox"/> ¹ H	<input type="checkbox"/> ¹³ C ³¹ P Dec	<input type="checkbox"/> T-ROESY	<input type="checkbox"/> other _____
<input type="checkbox"/> ¹ H ¹³ C Dec	<input type="checkbox"/> ³¹ P ¹ H Dec	<input type="checkbox"/> NOESY	
<input type="checkbox"/> ¹ H ¹ H Dec	<input type="checkbox"/> ¹⁹ F ¹ H Dec	<input type="checkbox"/> other _____	
<input type="checkbox"/> ¹ H NOE	<input type="checkbox"/> ¹¹ B ¹ H Dec		
<input type="checkbox"/> ¹ H TOCSY	<input type="checkbox"/> other _____		

5. Processing (Default = Printed Spectra, Integration and Peak Picking)

Data Only (no analysis) Electronic PDFs (no printout) Other: _____

Operator Time	<input type="text"/>	For external users only:	P.O. or indent number	<input type="text"/>
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sample height: 55mm or 0.7 mL