

# NMR SERVICES

## Request Form

Request Form Nr \_\_\_\_\_

### Request Details

Organization: .....		
Contact Person: .....		
Phone: .....	e-mail: .....	VAT Number: .....

### SAMPLE DETAILS

<b>Sample ID:</b>	
<p>Solvent:      <input type="checkbox"/> DMSO                           <input type="checkbox"/> CDCl<sub>3</sub>                           <input type="checkbox"/> D<sub>2</sub>O                           <input type="checkbox"/> Others .....</p> <p>Quantity: .....</p> <p>Concentration: .....</p>	<p>Storage: <input type="checkbox"/> Temperature.....                           <input type="checkbox"/> Protected from light                           <input type="checkbox"/> Others .....</p> <p>Sample must be returned?      <input type="checkbox"/> Yes             <input type="checkbox"/> No</p>
<p>Aim of the analysis: .....</p> <p>Analysis Type:    <input type="checkbox"/> <sup>1</sup>H-NMR                                   <input type="checkbox"/> <sup>13</sup>C-NMR                                   <input type="checkbox"/> COSY                                   <input type="checkbox"/> HSQC                                   <input type="checkbox"/> HMBC                                   <input type="checkbox"/> DEPT                                   <input type="checkbox"/> Others .....</p>	<p>Notes:</p>

Date: \_\_/\_\_/\_\_

Date: \_\_/\_\_/\_\_

\_\_\_\_\_  
 (Sponsor Signature)

\_\_\_\_\_  
 (Service Signature)