

Sample Submission Form - External

Client:		Date:	
Address:		Phone:	
		Fax:	
		Email:	
Sample ID(s):		Special Handling:	

(I.e. toxic, stench, light sensitive, air sensitive, temp. sensitive, etc.)

Purchase Order Number:

Structure(s) (Molecular Formula):

Nucleus:	<input type="checkbox"/> ¹ H	Solvent:	<input type="checkbox"/> Acetone-d ₆	<input type="checkbox"/> Methanol-d ₄
	<input type="checkbox"/> ¹³ C		<input type="checkbox"/> Chloroform-d	<input type="checkbox"/> DMSO-d ₆
	<input type="checkbox"/> ³¹ P		<input type="checkbox"/> D ₂ O	<input type="checkbox"/> Acetonitrile-d ₄
	<input type="checkbox"/> Other (please specify): _____		<input type="checkbox"/> Other (please specify): _____	

Experimental Specifications (*I.e.* JMOD, COSY, HSQC, *etc.*)

Results: Email .pdf Email data Fax Pickup Other (please specify) _____

Return Sample: Yes No

Data Storage*: Yes No

*Normally electronic data will be removed within one month of work completion!

NMR Centre Use Only

Date received:		Date Completed:	
Operator:		Filename:	
Time:		Cost:	