

### Sample Submission Form - Internal

Name:		Date:	
Supervisor:		Phone:	
Department:		Lab/Office:	
Sample ID(s):		Email:	
		Special Handling:	

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

**Billing Information (GL Coding - 26 digits):**

Fund (3)	Unit (6)	Grant (6)	Project (6)	Object (5)

**Structure(s) (Molecular Formula):**

Nucleus: <input type="checkbox"/> <sup>1</sup> H	Solvent: <input type="checkbox"/> Acetone-d <sub>6</sub>	<input type="checkbox"/> Methanol-d <sub>4</sub>
<input type="checkbox"/> <sup>13</sup> C	<input type="checkbox"/> Chloroform-d	<input type="checkbox"/> DMSO-d <sub>6</sub>
<input type="checkbox"/> <sup>31</sup> P	<input type="checkbox"/> D <sub>2</sub> O	<input type="checkbox"/> Acetonitrile-d <sub>4</sub>
<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  CD/DVI  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:	