

UNIVERSITY OF ARIZONA
Chemistry Department Nuclear Magnetic Resonance Facility

REQUEST FOR NMR ANALYSIS – SAMPLE SERVICE

Samples must be submitted in room 118 Old Chemistry by noon Wednesday for analysis on Friday

NAME _____ DATE _____

OFFICE / LAB _____ PHONE _____

RESEARCH ADVISOR _____ DEPARTMENT _____

ACCOUNT NUMBER _____ EMAIL _____

FIELD: 300 500 600

EXPERIMENT: ¹H ¹³C ³¹P ¹⁹F

SAMPLE ID _____

Selective 1D

2D

Specify: _____

STRUCTURE or ORIGIN:

SOLVENT _____ MOL. WEIGHT _____ AMOUNT _____ mg

REFERENCE: TMS Other _____

PURITY: Pure Relatively Pure Crude Product / Extract

SPECIAL INSTRUCTIONS _____

Run By _____ Start Time: _____ End Time: _____

Date: _____ Instrument Time: _____ Operator Time _____