



REGIONAL CENTER FOR HIGH FIELD NMR SPECTROSCOPY

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NMR ANALYSIS REQUEST

Name: _____

Telephone: _____

Address: _____

Fax: _____

Order number: _____

Date: _____

Authorisation (signature): _____

Instrument: _____

Authorisation (name): _____

PLEASE INCLUDE THE FOLLOWING INFORMATION:

1. A low field NMR spectrum with regions of particular interest indicated.
2. A short description of the chemical issue.
3. As clear as possible, description of the experiment and experimental conditions desired (decoupling mode, NOE, COSY, HMQC...)
4. If you prepare the sample yourself please use NMR tubes of the finest quality and solubilise the compound using deuterated solvent **without** TMS.
5. If you would like us to prepare the sample please indicate any special instructions, the toxicity, storage information, the amount and the solvent in regards to the compound.

STRUCTURE AND SPECIAL INSTRUCTIONS:

DATE OF ANALYSIS: _____

TIME USED : _____