

NMR SERVICE

NAME _____ RESEARCH SUPERVISOR _____

SAMPLE I.D. # _____ DATE _____

EXACT WEIGHT OF SAMPLE _____ DO YOU WANT THE SAMPLE RETURNED _____

SOLVENT

<input type="checkbox"/>	Chloroform-d
<input type="checkbox"/>	Acetone-d ₆
<input type="checkbox"/>	Benzene-d ₆
<input type="checkbox"/>	DMSO-d ₆
<input type="checkbox"/>	D ₂ O
<input type="checkbox"/>	Methanol-d ₄
<input type="checkbox"/>	Other (please specify)

PROBABLE STRUCTURE

MAGNETIC FIELD STRENGTH

<input type="checkbox"/>	200 MHz
<input type="checkbox"/>	300 MHz
<input type="checkbox"/>	500 MHz

¹H NMR

<input type="checkbox"/>	Standard spectrum
<input type="checkbox"/>	Standard with water suppression
<input type="checkbox"/>	Magnitude COSY
<input type="checkbox"/>	Double Quantum filtered COSY
<input type="checkbox"/>	NOE difference
<input type="checkbox"/>	NOESY / ROESY
<input type="checkbox"/>	HMQC (heteronuclear correlation)
<input type="checkbox"/>	HMBC (Long range HMQC)
<input type="checkbox"/>	TOCSY
<input type="checkbox"/>	Homo decoupling
<input type="checkbox"/>	Variable temperature _____
<input type="checkbox"/>	Other

¹³C NMR

<input type="checkbox"/>	Standard spectrum
<input type="checkbox"/>	Inverse gated decoupling
<input type="checkbox"/>	DEPT
<input type="checkbox"/>	Inadequate
<input type="checkbox"/>	Long relaxation delay
<input type="checkbox"/>	Variable temperature _____

OFFICE USE

Other Nuclei Give details

CHEMICAL SHIFT RANGE FOR PLOTTING _____

SPECIAL CARE FOR SAMPLE IF ANY _____