

N.M.R. SUBMISSION FORM

Name and Address
Order No.
Invoice Address (if different)

Tel No. _____

Fax No. _____

Email _____

Date _____ Urgency _____

Tel / Email / Post results (please indicate)

Sample Identification
Molecular Formula
Structure
Melting Point °C
Hazards (if any)

Spectrum Required (Select from list)		Solvent:	
Proton (¹ H)		Deuteriochloroform	
Carbon (¹³ C)		D ₂ O	
Other (specify)		D-Methanol	
		D- DMF	
COSY		D-DMSO	
NOESY		Other (specify)	
Other Requirements (specify)			

For Office Use

Date Received _____

Date Reported _____

Sample retained Sample returned Sample used, vial disposed of