



600MHz High Resolution NMR Service Request Form



2032C, Katz Bldg, Faculty of Pharmacy, University of Alberta 780-492-2508

For External Users Only

P.O. or Indent Number

Name

Supervisor

Lab #:

Phone #

Date

Sample Information: Solvent:

Sample Weight (mg)

Sample Name

Sample ID

Nature of the Sample (toxic, unstable etc.):

Special Instructions

Structure (if unknown, best guess)

Desired Experiments

1D		2D	
<input type="checkbox"/> ^1H	<input type="checkbox"/> ^{13}C APT	<input type="checkbox"/> COSY	
<input type="checkbox"/> ^1H homo dec.	<input type="checkbox"/> ^{13}C ^1H dec.	<input type="checkbox"/> HSQC	
<input type="checkbox"/> ^1H hetero dec.	<input type="checkbox"/> ^1P ^1H dec.	<input type="checkbox"/> HMBC	
<input type="checkbox"/> ^1H NOE	<input type="checkbox"/> ^1F ^1H dec.		
<input type="checkbox"/> ^1H TOCSY	<input type="checkbox"/> ^{11}B ^1H dec.		

Please note that clear samples must be submitted in clean unbroken 7" NMR tubes with a minimum of 4.5cm (1.75") sample height. Sample names (readable by others) should be written on the top of the tube just below the cap (within 1.5" from the cap). If you want to use a label it should be wrapped around and not joined together so that it can be unwrapped easily.