

NMR Service Request Form

Department of Chemistry, University of Pittsburgh

Name:

Date:

Email:

Phone:

Group:

Account #:

Sample ID (*As short as possible*):

Solvent (*Deuterated*):

Concentration: mg/ml (or mmol)

Possible Structure:

Spectrometer: _____ 300 _____ 500 _____ 600

Nuclei: _____ ¹H _____ ¹³C _____ ¹⁵N _____ Other nucleus(*Specify*)

Experiment: _____ 1D (*Specify*) _____ 2D (*Specify*)

Temperature: _____ RT or _____ °C

Hazards or Sample Handling Information: _____

Data will be plotted in standard format (Spectrum, Integration, Peak Picking, Title and Parameters) with expansions if required.

Remarks:

Signature: _____ (Requestor) _____ (Advisor)