



Solids NMR Service Request - External Clients

JB Stothers NMR Facility
Department of Chemistry
Western University
London, Ontario, Canada

CONTACT INFORMATION

Date
Name
E-mail
Phone Number
Company

ADDRESS FOR INVOICE

Name
E-mail
Address
City + Prov/State
Postal/Zip Code

SAMPLE INFORMATION

Sample name(s)

When the NMR is complete, should the sample(s) be returned or disposed of? Disposed of Returned by mail

Nature of sample(s) (check all that apply)

<input type="checkbox"/> Toxic	<input type="checkbox"/> Air-sensitive	<input type="checkbox"/> Moisture-sensitive	<input type="checkbox"/> Unstable	<input type="checkbox"/> Pyrophoric
<input type="checkbox"/> Paramagnetic	<input type="checkbox"/> Light-sensitive	<input type="checkbox"/> Temperature-sensitive	<input type="checkbox"/> Other:	<input type="text"/>

Reaction or proposed structure(s) (click in the box below to insert an image) Special instructions, comments, etc.

Briefly describe why you want to study your sample(s) using NMR? What information are you trying to obtain?

DESIRED EXPERIMENTS

Nucleus: C-13 F-19 Al-27 Si-29 P-31 Other nucleus:

Experiment: Direct-excitation Cross-polarization (CP) Other:

DESIRED OUTPUT

FID (raw data) Spectrum (Spinsight format) Spectrum (XY data) Spectrum (PDF Image)

Date completed <input type="text"/>		This area is for NMR facility use only	
Probe <input type="text"/>		Data Location <input type="text"/>	
Comments <input type="text"/>			
Total Charge <input type="text"/>	Data sent on <input type="text"/>	Service Summary date <input type="text"/>	Invoiced on <input type="text"/>