



## REQUISITION FORM FOR NMR AV-500 &700 MHz

<b>NAME:</b> <input type="text"/>		<b>For Office Use Only</b>
<b>DESIGNATION:</b> <input type="text"/>		<b>Reference No.</b> <input type="text"/>
<b>ADDRESS:</b> <input type="text"/>		<b>Date:</b> / /
<b>TEL. / MOBILE NO. :</b> <input type="text"/>	<b>EMAIL:</b> <input type="text"/>	
<b>CODE OF SAMPLE:</b> <input type="text"/>		
<b>Sample Weight (mg):</b> Sample should be > 95% pure and weighs $\geq 5$ mg:		<input type="text"/>
<b>Solvent (check one):</b> <input type="checkbox"/> CDCl <sub>3</sub> <input type="checkbox"/> CD <sub>3</sub> OD <input type="checkbox"/> Acetone-d <sub>6</sub> <input type="checkbox"/> C <sub>6</sub> D <sub>6</sub> <input type="checkbox"/> DMSO-D <sub>3</sub> <input type="checkbox"/> D <sub>2</sub> O <input type="checkbox"/> CD <sub>3</sub> CN <input type="checkbox"/> AFT <input type="checkbox"/> Other (specify)		
<b>EXPECTED MOLECULAR WT:</b> Simple <input type="checkbox"/> <sup>1</sup> H – NMR <input type="checkbox"/> <sup>13</sup> C – NMR Two Dimensional Experiments (2-D) Specify: <input type="text"/>		
<b>SIGNATURE</b> <input type="text"/>		<b>DATE:</b> / /
<b>FOR OFFICIAL USE ONLY</b>		
<b>SERIAL NUMBER:</b> <input type="text"/>		
<b>ANALYSIS DATE:</b> / /		
<b>REMARKS:</b> WE WERE UNABLE TO PROCESS YOUR SAMPLE ANALYSIS DUE TO: <input type="checkbox"/> INSOLUBILITY <input type="checkbox"/> LOW QUANTITY <input type="checkbox"/> OTHER		