

### Sample Submission Form - External

|               |  |                   |  |
|---------------|--|-------------------|--|
| Client:       |  | Date:             |  |
| Address:      |  | Phone:            |  |
|               |  | Fax:              |  |
|               |  | Email:            |  |
| Sample ID(s): |  | Special Handling: |  |

*(I.e. toxic, stench, light sensitive, air sensitive, temp. sensitive, etc.)*

Purchase Order Number:

Structure(s) (Molecular Formula):

|          |   |          |   |  |
|----------|---|----------|---|--|
| Nucleus: | <input type="checkbox"/> <sup>1</sup> H                   | Solvent: | <input type="checkbox"/> Acetone-d <sub>6</sub>           | <input type="checkbox"/> Methanol-d <sub>4</sub>     |
|          | <input type="checkbox"/> <sup>13</sup> C                  |          | <input type="checkbox"/> Chloroform-d                     | <input type="checkbox"/> DMSO-d <sub>6</sub>         |
|          | <input type="checkbox"/> <sup>31</sup> P                  |          | <input type="checkbox"/> D <sub>2</sub> O                 | <input type="checkbox"/> Acetonitrile-d <sub>4</sub> |
|          | <input type="checkbox"/> Other<br>(please specify): _____ |          | <input type="checkbox"/> Other<br>(please specify): _____ |  |

Experimental Specifications (*I.e.* JMOD, COSY, HSQC, *etc.*)

Results:  Email .pdf  Email data  Fax  Pickup  Other (please specify) \_\_\_\_\_

Return Sample:  Yes  No

Data Storage\*:  Yes  No

\*Normally electronic data will be removed within one month of work completion!

#### NMR Centre Use Only

|                |  |                 |  |
|----------------|--|-----------------|--|
| Date received: |  | Date Completed: |  |
| Operator:      |  | Filename:       |  |
| Time:          |  | Cost:           |  |