

For Laboratory Use Only

Received date :

**LIQUID FT-NMR 600 MHz TESTING &
ANALYSIS SERVICE**

APPLICANT INFORMATION

NAME :

MATRIX NO :

Please (√) at the relevant box:

RESEARCH ASSISTANT

UNDERGRADUATE / PROJECT STUDENT

POSTGRADUATE (Master/PhD)

OTHERS (Postdoctoral/lecturer)

CONTACT NO. :

EMAIL :

SAMPLE INFORMATION

Sample handling

Please (√) the appropriate box

Store samples in the fridge

Samples should only be handled in a fume hood

Samples must be handled wearing gloves

Store sample in the freezer

stench

Other handling instructions or hazard information:

PLEASE ENCLOSE ¹H SPECTRA FROM 400MHz

DETAILS OF ANALYSIS

No	Sample code	Experiment Eg: 1D ¹ H, ¹³ C, 2D HMBC, NOESY)	Weight (mg)	Deuterated Solvent	Carcinogenic Yes / No	Toxic Yes / No

Parameter:
Eg: number of scans, sw, duration of experiment

SUPERVISOR'S NAME :

REFERENCE NUMBER : NMR/B2/202__ /

Applicant signature : _____

Date : _____

Supervisor signature : _____

Date : _____