

HIGH-FIELD FT-NMR SERVICE REQUEST

OFF CAMPUS FORM

Nuclear Magnetic Resonance Laboratory Name: _____ E-Mail: _____
Campus Chemical Instrument Center
The Ohio State University Company/Univ: _____ Phone No.: _____
Rm. 119 Johnston Lab, 176 W 19th Ave Coll/Dept: _____
& Rm 151 Riffe Bldg., 496 W 12th Ave Address: _____
Columbus, Ohio 43210
Voice: (614) 292-0489 or 688-3691 Address: _____
E-Mail: nmr@ccic.ohio-state.edu Web Address: www.ccic.ohio-state.edu/nmr

SERVICE REQUEST MUST BE FILLED OUT COMPLETELY BEFORE ANY SERVICE WILL BE RENDERED
Invoice or Purchase Number:

Authorized Signature: _____

NMR ANALYSIS INFORMATION:

Nucleus (check one)
 ¹H ¹³C Other _____

SAMPLE LABEL: _____

Shift Range _____

Experiments(s) and/or Information desired

Structure

Concentration _____ MW _____ Deuterated Solvent _____ Reference _____

Hazards or Sample Handling Information _____

Special Post-processing Requests (e.g. Plot window, data archival)

Fill out a separate form for each spectrometer used:

Operator: _____ Spectrometer: _____ DATE SUBMITTED: _____

0.5 hr minimum Run Time: _____ Run Time: _____ DATE COMPLETED: _____

OFFICE USE ONLY: SERVICE CHARGES:

COMMENTS:

CONTROL#: _____

Total Charge \$ _____