

HIGH-FIELD FT-NMR SERVICE REQUEST

ON CAMPUS FORM

Nuclear Magnetic Resonance Laboratory
 Campus Chemical Instrument Center
 The Ohio State University
 Rm. 119 Johnston Lab, 176 W 19th Ave
 & Rm 146 Riffe Bldg., 496 W 12th Ave
 Columbus, Ohio 43210
 Voice: (614) 292-0489 or 688-3691
 E-Mail: nmr@ccic.ohio-state.edu Web Address: www.ccic.ohio-state.edu/nmr

User Name: _____ User E-Mail: _____

Advisor: _____ User Phone No.: _____

Coll/Dept: _____ Advisor E-Mail: _____

Authorized Signature: _____

SERVICE REQUEST MUST BE FILLED OUT COMPLETELY BEFORE ANY SERVICE WILL BE RENDERED

Organization #	Fund #	Account # (Default)	Project # or Program (Uni.)																								
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NMR ANALYSIS INFORMATION:

Nucleus (check one)

¹H ¹³C Other _____

SAMPLE LABEL: _____

Shift Range _____

Experiment(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:

COMMENTS: _____ CONTROL# _____

TOTAL CHARGE \$ _____