


NMR SERVICE FORM FOR MAIL OR DROP OFF SAMPLES

INTERNAL OR EXTERNAL FORM

CUSTOMER INFORMATION:

MAIL OR DROP OFF DATE: _____

PI/ADVISOR NAME:		USER NAME:	
COLLEGE/DEPARTMENT:		COLLEGE/DEPARTMENT:	
COMPANY/DIVISION:		COMPANY/DIVISION:	
E-MAIL:		E-MAIL:	
OFFICE #:		PHONE #:	



<u>Date</u>	<u>Sample Information</u>	<u>Experiment details</u>	<u>Solvent/Buffer</u>	<u>Other information (shifts range/sample handling)</u>

CONTACT INFORMATION:

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