

NMR ANALYSIS REQUEST

ANALYTICAL SERVICES, CHEMISTRY DEPARTMENT, VA TECH

GENERAL INFORMATION

Your Name

Res. Director
or Company

Department

Phone #

Email Address

Date Submitted

PO#, Fund #,
or Group Acct
(Ex. Santos-3)

EXPEDITED SERVICE REQUESTED

SAMPLE PREP REQUESTED

SAMPLE INFORMATION

Sample ID(s)

Preferred
Instrument

600Mhz
500Mhz Prodigy
400Mhz
Solids

Deuterated
Solvent Used

TMS
added?

Yes
No

Sample Notes

Draw Structure
(after printing
form)

TYPE OF ANALYSIS REQUIRED

1D NMR

¹H

¹³C

¹⁹F

DOSY

²⁹Si

³¹P

Quantitative?

Other

2D NMR

DEPT

gCOSY

gHSQC

gHMBC

TOCSY

NOESY

Other