

*School of Pharmacy, NMR Campus Infrastructure Platform*

## NMR Service Request Form

Name: \_\_\_\_\_ Company / School: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Grant / project: \_\_\_\_\_  
Tel: \_\_\_\_\_  Honours  Master  PhD  
Date: \_\_\_\_\_ Supervisor name: \_\_\_\_\_

Sample ID (maximum 8 characters): \_\_\_\_\_ Solvent for NMR analysis:  
Formula: \_\_\_\_\_  CDCL3  DMSO-d6  D2O  
Purity: \_\_\_\_\_ Other (specify): \_\_\_\_\_  
Solubility: \_\_\_\_\_  
Stability: \_\_\_\_\_ Sample mass / concentration: \_\_\_\_\_

Proposed structure and/or reaction and/or known functional groups present:

Secondary reference (if any): \_\_\_\_\_

Safety information (explosive, radioactive, toxic, etc) - if unknown, please state:

Requested experiment(s) - please include unusual shift ranges, specific experiments (e.g., COSY, DEPT, HMQC, HMBC, NOESY etc.), experiment time

Urgent request (24-48 h) *Note: By selecting this option you agree to pay additional 50-100% of the normal charge.*

Return sample after analysis

Discard sample after analysis

*The information I provided on this form is true and accurate. I accept the terms and conditions of the service and agree to pay analysis fee.*

\_\_\_\_\_  
(Signature)

*Note: The results obtained cannot be used as evidence in any court of law and the School and its staff will not be involved in any lawsuit.*

To discuss any NMR experiments please contact Dr. Anton V. Dolzhenko (anton.dolzhenko@monash.edu)

**For office use:**

Spectrum code: \_\_\_\_\_

Date analysis completed: \_\_\_\_\_

Name of operator: \_\_\_\_\_

Service charge (RM): \_\_\_\_\_

**Sample preparation:**

by customer

by operator (solvent provided by customer)

by operator (solvent supplied by the Platform)