

NMR Analysis Request Form

Date: _____

SUBMITTED BY

Name: _____

E-mail address: _____

Direct Tel. No.: _____

Supervisor: _____

Lab Number: _____

 School/Centre: *Tick all that apply.*

-
- Queen's University Belfast
-
-
- School of Chemistry and Chemical Engineering
-
-
- Other School _____

-
- External
-
-
- Almac
-
- Radox
-
-
- GLT
-
- Other _____
-
-
- MOF

Individual Category:

-
- Undergraduate Practical/Project
-
-
- Masters
-
-
- Post-graduate
-
-
- Postdoctoral
-
-
- Staff
-
-
- Other _____

DETAILS OF SAMPLE(S)

Type of Sample(s)

-
- Inorganic
-
-
- Ionic Liquid
-
-
- Organic

Previously submitted:












-
- Yes
-
- No. of Times _____
-
-
- No

 Physical State(s):

	Sample(s) (Maximum of 3)		
	1	2	3
Sample Code			
Mol. Weight			
Mol. Formula			
Possible Structure (s)			
Quantity			

Additional Information: (e.g. Hygroscopic) _____

SAFETY (Tick all that Apply) ASEP reserve the right to refuse to test samples if they pose a risk to our staff. The request may be forwarded to your supervisor.

										
Health Hazard	Toxic	Corrosive	Irritant	Flammable	Oxidising	Explosive	Compressed Gas	Dangerous for the environment	Biological	Radioactive

Additional Recommended Safety Controls: _____

CHECKLIST If you are not able to CHECK all of the boxes below, please speak to a member of ASEP BEFORE submitting your sample.

-
- Sample(s) submitted in screw top vials
-
-
- A maximum of 3 samples have been submitted
-
-
- 10 mg of sample has been provided for
- ¹
- H NMR
-
-
- 20 – 40 mg of sample has been provided for
- ¹³
- C NMR
-
-
- All relevant information has been provided in this form

EXPERIMENTAL DETAILS

Solvent used : _____
Frequency:
<input type="checkbox"/> 300 MHz
<input type="checkbox"/> 400 MHz
<input type="checkbox"/> 600 MHz
Reason for High field (600 MHz) request: _____

RESULTS (To be completed by the analyst)

Sample Number	1	2	3
Laboratory Ref. No.			
Results Returned	Y / N	Y / N	Y / N
Comments	_____		
Analyst	_____		
Date:	_____		