NMR Form-Solid

## DEPARTMENT OF CHEMISTRY NATIONAL UNIVERSITY OF SINGAPORE

For NUS:			
WBS No:			
G/L No:			
For Non-NUS: PO No:			

## REQUEST FOR NMR 400 MHz SOLID STATE NMR SERVICES

NOTE: Minimum sample requirement is 0.5 grams for CP-MAS.

Name of PI/Supervisor:		Company:  Department:  Address:	
Signature of PI/Supervisor:  Person to contact:			
Tel no	0.:	- <u></u> -	
Samp	ole Code (maximum 6 characters)	Date:	
Samp	ole is: [ ] Stable [ ] Air / Light sensitive	[ ] Radioactive [ ] Toxic [ ] Explosive	
Chem	nical Structure:		
Obser	rved Nucleus:		
Speci	fic Experiment Required:		
Scann	ning Range:		
Recyc	cle Delay:		
	Rate:		
Other	Relevant Parameters and Instructions for the Experim	nent:	
Note:	in any lawsuit.	y court of law and the Department will not be involved	
For O	Office Use:		
(a)	Date analysis completed:		
(b)	Name of operator:		
(c)	Spectrum code:		
(d)	Service Charge: S\$		