

**DEPARTMENT OF CHEMISTRY
NATIONAL UNIVERSITY OF SINGAPORE**

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: _____

Signature of PI/Supervisor: _____ Department: _____

Person to contact: _____ Address: _____

Email _____

Tel no.: _____

Sample Code (maximum 6 characters) _____ Date: _____

Sample is: Stable Air / Light sensitive Radioactive Toxic Explosive

Chemical Structure:

Observed Nucleus: _____

Specific Experiment Required: _____

Scanning Range: _____

Recycle Delay: _____

Spin Rate: _____

Other Relevant Parameters and Instructions for the Experiment:

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

For Office Use:

(a) Date analysis completed: _____

(b) Name of operator: _____

(c) Spectrum code: _____

(d) Service Charge: S\$ _____