



## Solids NMR Service Request - External Clients

JB Stothers NMR Facility  
Department of Chemistry  
Western University  
London, Ontario, Canada

### CONTACT INFORMATION

Date	<input type="text"/>
Name	<input type="text"/>
E-mail	<input type="text"/>
Phone Number	<input type="text"/>
Company	<input type="text"/>

### ADDRESS FOR INVOICE

Name	<input type="text"/>
E-mail	<input type="text"/>
Address	<input type="text"/>
City + Prov/State	<input type="text"/>
Postal/Zip Code	<input type="text"/>

### SAMPLE INFORMATION

Sample name(s) <input type="text"/>	
When the NMR is complete, should the sample(s) be returned or disposed of? <input type="checkbox"/> Disposed of <input type="checkbox"/> Returned by mail	
Nature of sample(s) (check all that apply)	
<input type="checkbox"/> Toxic	<input type="checkbox"/> Air-sensitive
<input type="checkbox"/> Moisture-sensitive	<input type="checkbox"/> Unstable
<input type="checkbox"/> Pyrophoric	<input type="checkbox"/> Paramagnetic
<input type="checkbox"/> Light-sensitive	<input type="checkbox"/> Temperature-sensitive
<input type="checkbox"/> Other:	<input type="text"/>
Reaction or proposed structure(s) (click in the box below to insert an image)	Special instructions, comments, etc.
<input type="text"/>	<input type="text"/>
Briefly describe why you want to study your sample(s) using NMR? What information are you trying to obtain?	
<input type="text"/>	

### DESIRED EXPERIMENTS

Nucleus:	<input type="checkbox"/> C-13	<input type="checkbox"/> F-19	<input type="checkbox"/> Al-27	<input type="checkbox"/> Si-29	<input type="checkbox"/> P-31	<input type="checkbox"/> Other nucleus: <input type="text"/>
Experiment:	<input type="checkbox"/> Direct-excitation	<input type="checkbox"/> Cross-polarization (CP)	<input type="checkbox"/> Other: <input type="text"/>			

### DESIRED OUTPUT

<input type="checkbox"/> FID (raw data)	<input type="checkbox"/> Spectrum (Spinsight format)	<input type="checkbox"/> Spectrum (XY data)	<input type="checkbox"/> Spectrum (PDF Image)
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This area is for NMR facility use only			
Date completed	<input type="text"/>	Data Location	<input type="text"/>
Probe	<input type="text"/>	Comments	<input type="text"/>
Total Charge	<input type="text"/>	Data sent on	<input type="text"/>
Service Summary date	<input type="text"/>	Invoiced on	<input type="text"/>