

Dept. of Chemistry NMR Request Form

Name _____ Date _____

Supervisor _____ Authorized Signature _____

Department _____

Phone # _____ GST # _____

Email _____ PST # _____

U of M Budget (FOAP) # or Commercial PO # _____

Instrument: Avance300 ___ AMX500 ___ Inova600 ___

Nucleus _____ Solvent _____ Concentration _____

Sample ID # _____

Proposed Structure or Sample Description:

Special Experiments or Instructions:

Office Use Only

Instrument Hours (day) _____ x _____ \$/hour = \$ _____

Instrument Hours (night / wknd) _____ x _____ \$/hour = \$ _____

Operator Run Samples _____ x _____ \$/sample = \$ _____

Analysis / Report _____ x _____ \$/hour = \$ _____

Other Charges (Specify): _____ = \$ _____

TOTAL: \$ _____

Total # of Experiments: _____

Comments: