

**Customer Information**

Name of applicant:..... Date:.....

Email & Contact Number:.....

Research grant (if applicable):..... Signature of applicant: .....

Signature & Stamp of supervisor (if applicable):.....

Billing address:

.....  
.....

**Sample Information**

Number of sample..... (Please submit one form for every 3 samples)

Sample Code:.....

Sample Code:.....

Sample Code:.....

Solvent (Please circle where appropriate)

Solvent (Please circle where appropriate)

Solvent (Please circle where appropriate)

**CDCL3 D2O DMSO CD3OD**  
**Acetone-d6**

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**Acetone-d6**

**CDCL3 D2O DMSO CD3OD**  
**Acetone-d6**

Toxicity, melting point, additional information:

Toxicity, melting point, additional information:

Toxicity, melting point, additional information:

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.....

Experiment: (Please state experiment (s) required)

Experiment: (Please state experiment (s) required)

Experiment: (Please state experiment (s) required)

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**FOR OFFICE USE ONLY**

**Charge Rate: UiTM**

**Charge Rate: Others**

**Sample Prep = RM30/sample**

[ ] H1 - RM50/sample/hour  
[ ] 13C - RM50/sample/hour  
[ ] APT - RM50/sample/hour  
[ ] HMQC - RM50/sample/hour  
[ ] HMBC - RM50/sample/hour  
[ ] COSY - RM50/sample/hour  
[ ] DEPT - RM50/sample/hour

[ ] H1 only - RM70/sample/hour  
[ ] 13C - RM70/sample/hour  
[ ] APT - RM70/sample/hour  
[ ] HMQC - RM70/sample/hour  
[ ] HMBC - RM70/sample/hour  
[ ] COSY - RM70/sample/hour  
[ ] DEPT - RM70/sample/hour

Date Completed:  
Officer in Charge :  
Total charge (RM) :  
Remarks :