

REQUEST FORM
NUCLEAR MAGNETIC RESONANCE

Organic Synthesis Research Laboratory, Institute of Science
Contact : Pn. Norita Salim (03-32584294; norita753@uitm.edu.my)

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

CDCL3 D2O DMSO CD3OD
Acetone-d6

CDCL3 D2O DMSO CD3OD
Acetone-d6

Toxicity, melting point, additional information:

Toxicity, melting point, additional information:

Toxicity, melting point, additional information:

.....
.....

.....
.....

.....
.....

Experiment: (Please state experiment (s) required)

Experiment: (Please state experiment (s) required)

Experiment: (Please state experiment (s) required)

.....

.....

.....

FOR OFFICE USE ONLY

Charge Rate: UiTM

Charge Rate: Others

Sample Prep = RM30/sample

[] H1 – RM50/sample/hour

[] H1 only – RM70/sample/hour

Date Completed:

[] 13C - RM50/sample/hour

[] 13C -- RM70/sample/hour

Officer in Charge :

[] APT - RM50/sample/hour

[] APT - RM70/sample/hour

Total charge (RM) :

[] HMQC – RM50/sample/hour

[] HMQC – RM70/sample/hour

Remarks :

[] HMBC – RM50/sample/hour

[] HMBC – RM70/sample/hour

[] COSY – RM50/sample/hour

[] COSY – RM70/sample/hour

[] DEPT – RM50/sample/hour

[] DEPT – RM70/sample/hour