

SAMPLE SUBMISSION FORM



					_													_									СН	EMIC		ECHN nbai	IOLO	GY		
Company Name / Institute Name																	Address:																	
_	Con	tact Name / Dept.			Ť													1																
Phone / Mobile No.																		+	Email:															
Sr						NMR TEST INFORMATION												_	ADDITIONAL INFORMATION ADDITIONAL															
No.		Service Option					1D	NN	ИR	'	IIVIIN					Sc	Solid Solvent					AL	ADDITIONALINI				RIMATION			ADDITIONA SERVICES				
	Γ	_				Exg	Q	9	FF		۵		2D_COSY	ESY	lχ	BC			_	_	D2	E	E	Sample		Sample			Hazards			Г		
		Consider Code			1H_EXD	1H_D20_Exg	13C_STD	13C_EXD	13C_DEPT	XN_STD	XN_EXD	EXD_T		2D_NOESY	2D_HSQC	2D_HMBC	SP EXP	S STD	SOLV CDCL3	SOLV_CDCL3	SOLV_DM_D2	SOLV_METH	SOLV_OTH	Sto	rage	l R	eturr	1						
	₽	Service Code	-	_	_	<u> </u>	13	13	13	×	×		70	20	7	7		SS	_		<u> </u>	8	S	H	<u></u>							\vdash	├	\vdash
		Sample ID Mention the Sample Ids each sample on row provided below. Attack additional sample forms required.		Flotoli (H1) - upto 10 scalis	Proton (H1) Extended more than 16 Scans	Proton (H1) with D2O-exchange	Carbon (C13) upto 512 Scans	Carbon (C13) more than 512 Scans	Carbon C13-DEPT Experiments	(F19/P31/15N) upto 512 Scans	(F19/P31/15N) more than 512 Scans	Extended (Time) 1D Experiments	COSY (1H-1H)	NOESY (1H-1H)	HSQC (1H-13C)	HMBC (1H-13C)	Other Special Experiment	Sold State Experiment 1st Hour	Solid State Experiment Add Per Hour	CDCL3	DMSO_D6/D20	Methanol	Other	Room Temperature	Special Conditions (Mention Temp.)	Discard	Return	Keep	Light	Water / Air	Toxic	NMR Data Integration Report	NMR Integration Report	NMR Ouantification
1	oxdot			I	\Box														L															
2	╀		4	4	4				L	L	L				L	L	L	L	L	L	L	L		L				L				L	L	L
3	╀			4	4			L		L					L	L	L	L	╄	L	L	L		L				L				L	L	L
4	╀			4	\dashv			L	L	L	L	L			┞	┞	H	╀	╀	H	┞	H	L	L			L	H			H	L	⊬	H
5	╀			+	\dashv			H	H	H	H	H	H	H	⊬	┝	┝	╀	╀	H	⊬	┝	H	H				H			H	\vdash	⊬	┝
6 7	+			+	\dashv			H							\vdash	⊢	⊢	\vdash	╀	H	┢	\vdash		H							H	\vdash	├	H
8	╁			+	\dashv			Н	H						┢	┢	H	\vdash	╁	Н	┢	\vdash		Н				H			H		\vdash	H
9	†			+	\dashv			Н							Н	Н	H	H	t	H	Н	\vdash		Н							Н		\vdash	H
10	†			†	\dashv										H	\vdash	H	t	t	H	\vdash	\vdash		Н									\vdash	T
		itional Remarks (Please	Add S	Sam	nple	e De	etail	s / S	truc	ctur	e):														S	igna	ture						_	
[Date										_													_					_	_	_	_	_	_
Crvogen Office	ا په	Received By :									Date:													Signature										
	Ĕ	Tested By :												Date :							Signature										_			
	gen	File Ref. & Path :								1	Add	l. Co	mn	nent	:s:																			
	֓֟֝֟֓֓֓֓֓֓֟֟֓֓֓֓֓֓֓֓֓֓֓֓֓֟֓֓֓֓֓֓֓֓֓֓֓֡֡֓	Data Verified By :											Date :													Signature								
		Data Sent By :								Date : Signature														_										
;	Instructions	 Provide any special Print out this form, Submit this form w Please contact us form 	1. Indicate what experiments are to be done per sample by ticking the appropriate column against sample. 2. Provide any special handling or processing instructions in the additional details field provided in the form. 3. Print out this form, then print date and sign your name in the respective fields. 4. Submit this form with your shipment of samples. 5. Please contact us for other 1D / 2D Experiments, special experiments, quantification and pricing. 6. If sample disposition is not indicated, then it will be discarded after 2 weeks after experiment completion.																															