

Carleton University NMR Service Request Form

Name:

Date:

Supervisor / Organization:

Sample ID Name(s):

Email (to which the data will be sent):

Draw probable structure:

Solvent:

Amount of sample (mg):

Field/Spectrometer: 300 MHz (Bruker AV300) 400 MHz (JEOL ECZ400)

Experiment(s):

Standard 1D ¹ H	Standard 1D ¹³ C	1D ¹³ C DEPT 135
1D ¹ H with water suppression	1D ³¹ P	1D ¹¹ B
1D ¹⁹ F	1D ²⁹ Si	

2D COSY	2D ¹ H- ¹³ C HSQC	2D ¹ H- ¹³ C HMBC
2D NOESY	2D TOCSY	

Other (Please Specify)

What do you hope to learn about your sample(s)?