5個5 2個 5	UNIVERSITY OF CAMBRIDGE
	Yusuf Hamied
	Department of Chemistry

Pt. III NMR SERVICE SAMPLE SUBMISSION FORM

Name				
Project supervisor		-		
Sample Code (to match lab book)		Date		
(to maternab book)		Lab		
Name of compound (if known)		Phone	-	
(in talle mily		Email	_	
Structure if known		Sample amount mg	_ <mark>3</mark>	
(Paste from other software if required)		Molecular weight	- ₋	
		Mixture?	7.5cr	
		Solvent		
		Other relevant information		
			TUBE LENGTH MINIMUM 17.5cm	
1D EXP.	2D EXP.	Project supervisor	TUBE	
(free of charge)	(chargeable)	must sign to approve		
¹ H	COSY			
13 C	HSQC			
DEPT	НМВС			
19F AND 31P	TOCSY		SOLVENT VOLUM	
EXPERIMENTS CAN BE RUN ON	NOESY		SOLVI	
OPEN-ACCESS		<u> </u>		
Safety and Hazard	Carcinogenic	Poisonous Proteopathic seeds (an protein, alpha-synuclei	in, TDP-43 and FUS):	
Information Please indicate where appropri	Toxic Vapours	Corrosive Please supply full det	alls of risks involved	
if hazards are known Lachrymatory Stench				

Sample Submission: Email form as a PDF to nmr-submission@ch.cam.ac.uk

Please leave your NMR tube in the IN rack located in the cold room lobby. Ensure your tube is a Wilmad 528-PP of the correct length; non-standard tubes will not be run. Please fill in the safety information! Fill in the molecular weight and weight of sample so we can choose which instrument is best for you. Good results start with careful preparation – use the solvent volume depth guide above and avoid floating impurities. If you have a question email one of the NMR team. You can collect the tube from the OUT rack when you confirm the result is acceptable.