

## CHEMISTRY NMR SERVICE SAMPLE SUBMISSION FORM

Name				Group				
Grant or A	ccount							
Sample Code (to match lab book)			Date					
(to materi las	, 2001.,		Lab					
Name of compound (if known)				Phone				
			Emai	I				
Structure if known (Paste from other software				le Mass				
if required)				cular mass				u:
			Mixtu	re?				17.50
		Solvent				MUM		
		Other relevant information					NIM H	
								LENGTH MINIMUM 17.5cm
<sup>1</sup> H	COSY	Shift range/Ot	Shift range/Other experimental details					TUBE
<sup>13</sup> C	HSQC							
DEPT	НМВС	Install Tops	Install Topspin		Access Data			
<sup>11</sup> B	TOCSY	<u> </u>		回旋		VOLUMI		
<sup>19</sup> F	NOESY					SOLVENT VOLUME		
<sup>31</sup> P	ROESY		隘			SOI.		

## Safety and Hazard Information

Please indicate where appropriate if hazards are known

Carcinogenic	Poisonous	Proteopathic seeds (amyloid-beta peptide, tau protein, alpha-synuclein, TDP-43 and FUS):
Toxic Vapours	Corrosive	Please supply full details of risks involved
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.