



Spectral Data Services, Inc.

818 Pioneer Street Champaign, IL 61820

217-352-7084 • sdsnmr@sdsnmr.com • www.sdsnmr.com

Sample Submission Form for NMR Data Acquisition Services

Contact and Billing Information:

PO#:	Contact Name:
Date:	
Company:	Email:
Address:	Phone:

Sample(s) Information:

Item	Sample ID	Sample Name, Description, etc
#1		
#2		
#3		
#4		
#5		

Experiment(s):

Item	¹ H	¹³ C	³¹ P	¹⁹ F	²⁹ Si	qNMR (N=3)	DEPT	COSY	HSQC	HMBC	Other
#1											
#2											
#3											
#4											
#5											

Solvent(s):

Item	CDCl ₃	DMSO-d ₆	CD ₃ OD	D ₂ O	CD ₂ Cl ₂	Other
#1						
#2						
#3						
#4						
#5						

Sample Storage Conditions:	<input type="checkbox"/> Ambient	<input type="checkbox"/> 2 - 8°C	<input type="checkbox"/> < -10°C	<input type="checkbox"/> N/A -80°C
----------------------------	----------------------------------	----------------------------------	----------------------------------	------------------------------------

Additional Instructions (Sample Preparation/Methods/etc):

--

Data Options:

Overnight:	<input type="checkbox"/>	Emailed PDFs:	<input type="checkbox"/>	QA Review:	<input type="checkbox"/>	Turnaround Time: Normal
2nd Day (PM):	<input type="checkbox"/>	Emailed FIDs:	<input type="checkbox"/>	No Hard Copies:	<input type="checkbox"/>	Check here for RUSH <input type="checkbox"/>