



NMR ANALYSIS FORM

CIF Control No.: _____

USER INFORMATION

Name of Faculty/ Principal Investigator:		Contact No.:	
		E-mail Address:	
Name of Student/ Researcher:		Contact No.:	
		E-mail Address:	
Institution/Organization:			
Address:			

INFORMATION ON THE SAMPLE PREPARATION

1. Nature of the sample: <input type="checkbox"/> Synthetic product <input type="checkbox"/> Extracted natural product <input type="checkbox"/> Others: _____	5. The sample is sensitive to environmental factors. <input type="checkbox"/> No <input type="checkbox"/> Yes, it is sensitive to light <input type="checkbox"/> Yes, it is sensitive to temperature, please store at ____°C
2. The sample is dry. <input type="checkbox"/> No <input type="checkbox"/> Yes, the sample weight is _____	6. The sample has known potential hazards. <input type="checkbox"/> No, the sample is safe. <input type="checkbox"/> Yes, please handle it with caution.
3. The sample solubility is known. <input type="checkbox"/> No <input type="checkbox"/> Yes, it is soluble in _____	7. I will provide the NMR tube/s and deuterated solvent. <input type="checkbox"/> No <input type="checkbox"/> Yes, I will provide the NMR tube/s <input type="checkbox"/> Yes, I will provide the deuterated solvent
4. The relative purity of the sample is known. <input type="checkbox"/> No <input type="checkbox"/> Yes, the relative purity (%) is _____	8. The analysis needs to be done within 3 days from the submission date. <input type="checkbox"/> No <input type="checkbox"/> Yes (Note: Rush analysis will incur additional cost.)

SAMPLE INFORMATION

Date of Submission:		Experiment	No. of Scans
Sample Name/Code:		<input type="checkbox"/> ¹ H	
Preferred Deuterated Solvent:		<input type="checkbox"/> ¹³ C	
Items acquired from the NMR Lab: (to be filled up by NMR staff)	Remarks/Other information about the sample. Please draw the expected chemical structure, if known:	<input type="checkbox"/> ¹³ C DEPT <input type="checkbox"/> 45° <input type="checkbox"/> 90° <input type="checkbox"/> 135°	
		<input type="checkbox"/> COSY (H-H)	
		<input type="checkbox"/> HMBC (H-C)	
		<input type="checkbox"/> HSQC (H-C)	
		<input type="checkbox"/> Others (Please specify.):	

Note: The NMR is capable of other nuclei measurements, variable temperatures, other 2D experiments, and solid state NMR analysis. Please coordinate with us: nmrlab@dlsu.edu.ph

TERMS AND CONDITIONS

- I understand and agree to the following:
- That I will be billed according to the schedule of fees published in the DLSU NMR Laboratory website. Unpaid samples will not be analyzed and processed.
 - Succeeding experiments for the submitted samples can only be carried out upon instruction and upon payment preferably within 7 days after the release of initial results.
 - That the quality of the obtained NMR spectra is very dependent on the quantity and the purity of my sample as well as on the number of scans.
 - That the NMR spectra, which will be sent via e-mail, shall be in pdf format containing the results of the NMR experiment with chemical shift labels for each relevant peaks. Integration of peaks, expansions of spectra and sending of raw files (in .jdf format) may be provided upon the request of the Client.
 - That the DLSU NMR Laboratory does not provide spectral interpretation of the results of the NMR experiments.
 - That the raw and processed electronic data files will be automatically deleted after one (1) year from the analysis date.
 - That I must claim my samples within 8 working days after the e-mail release of the results. I understand that unclaimed samples will be disposed of accordingly.
 - That the DLSU NMR Laboratory staff shall not be held liable for the sample degradation or solvent evaporation of my sample.
 - That the DLSU NMR Laboratory will not be held liable for the breakage of solvent bottles, sample containers, or NMR tubes, which occurred during transport.
 - That any papers for publication using the DLSU NMR should acknowledge the **DLSU NMR Facility**.

Signature over printed name: _____
Student/Researcher
Faculty/Principal Investigator

TO BE FILLED-UP BY THE NMR PERSONNEL

Analysis Date:		Total Analysis Time (T ₂):	
Processed by:		Total Cost (PhP):	
Release Date of Results:		OR Number:	

For contracted analysis:

Contract Number:		Allowable time from last analysis (T ₁):		Remaining time (T ₁ - T ₂):	
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