

NMR Spectroscopy Facility Service Request Form

☎ (023) 80594152 ✉ nmr@soton.ac.uk 🌐 Web: www.southampton.ac.uk/nmr

Submitted by _____

Agresso Code _____

Sample Reference _____

Supervisor _____

Date _____

Sample Location _____

Extension _____

Email _____

Reason for request A relevant 400 MHz spectrum must be submitted.	
---	--

Weight of sample (mg) Solvent Preferably deuterated Reference e. g. TMS Mpt/Bpt Purity % & method Stability Heat/light/air/water	Formula Structural formula	Mass
---	---	------

Experiment required		
2D Correlation Tick appropriate experiment(s) Observe nucleus Indicate a chemical shift for reference compound if known GOESY (NOESY-1D) Indicate irradiation points clearly on attached ¹ H spectrum Homonuclear decoupling Indicate irradiation points clearly on attached ¹ H spectrum Variable temperature study Indicate temperature range & consider properties of solvent Other	¹ H- ¹ H COSY ¹ H ¹³ C ¹⁹ F ³¹ P Other	¹³ C- ¹ H Correlation

COSHH Information:											
Please Note Your sample will NOT be accepted unless this section is fully completed											
Brief description of sample (e.g. organic amide)						List any known hazards associated with this sample					
Chemical Hazard Information & Packaging (CHIP4) Please tick (✓) all those that apply											
E	O	F+	F	T+	T	C	E: Explosive O: Oxidising C: Corrosive X _n : Harmful F+: Extremely Flammable F: Highly Flammable Xi: Irritant T+: Very Toxic T: Toxic N: Dangerous to the environment				
Carcinogen Category 1	Carcinogen Category 2	Carcinogen Category 3	N								
Mutagen Category 1	Mutagen Category 2	Mutagen Category 3	X _n								
Reproductive Toxin Category 1	Reproductive Toxin Category 2	Reproductive Toxin Category 3	X _i								
Signature _____						Date _____					

NMR use only	Date completed	Spectrometer	Filename	Account
---------------------	----------------	--------------	----------	---------