

Sample Form (Internal Users)

Faculty Name :
Date Submitted : __/__/____
Number of Samples : __
Concentration/ Amount : __
Soft copy of Data required : __ (Y/N)
(If yes, please provide data CD)
Spectrometer : 400MHz/600MHz (specify probe)

Details of Experiment

S. No.	Sample ID/Tag	Nucleus	Experimental Details (1D/2D, Relaxation, 2D correlation etc.)	Solvent	Temperature
1					
2					
3					
4					
5					
6					
7					
8					

Points to Note:

- Please specify if your sample requires special storage conditions.
- If you require specialized experiments(low temperature or nuclei other than ^1H , ^{13}C , ^{31}P , ^{15}N or concentration dependent experiments or 2D MQ experiments or solvents other than CDCl_3 , D_2O etc.), please discuss with Dr. Kavita Dorai beforehand.

Data Received
Signature :
Date :