

Nuclear Magnetic Resonance Facility

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ABN 57 195 873 179 | CRICOS Provider Code 00098G

Accredited for compliance with ISO/IEC 17025 – Testing



Accreditation No.: 20675

Job Request Form

NMR Use only

Job No:

Client Details	
Quote Number:	
Client/Company Name:	Phone:
Company Address:	Email:
Test Report/Certificate to be sent to: (tick all that apply)	
<input type="checkbox"/> same email address as above	<input type="checkbox"/> another email address (please specify)

Client Requirements
Test(s) Required:
NATA accredited tests: <input type="checkbox"/> ¹ H NMR <input type="checkbox"/> ¹ H qNMR
Non-accredited tests: <input type="checkbox"/> Eretic QNMR <input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Raw Data
Please indicate ALL HAZARD associated with this chemical/s supplied.
How to store the supplied sampled: _____
How to discard the supplied sampled: _____
Deuterated Solvent to be used: _____
Additional comments or instructions: _____

Deliver and Return

Please note that the client is responsible for all costs associated with delivery to the NMR Facility and all arrangements and costs associated with return. Do you want samples returned? N/A

- Yes, I agree to any additional cost on my final invoice. No, I will organise a pre-paid parcel for the safe return of my chemical/sample. No, I will collect my chemical/ samples in person at a pre-arranged time

Submitted By:

Date:

NMR Use only

Quote No:

Job No:

Please record the **number of samples** and **sample names** following table. Attach additional pages as required. Shared areas are for NMR Facility use only.

No. of Samples:	NMR use only
Sample Name	Sample Lab ID



Data location:	
Samples received by:	Date:

