

Job Request Form

E: nmr@unsw.edu.au | T: +61(2) 9385 4705 | F: +61 (2) 9385 4699

NMR Use only

Job No:

Client Details

Quote Number:

Client/Company Name:

Company Address:

Phone Number:

Email:

Test Report/Certificate to be sent to: (tick all that apply)

same email address as above

other email address(es):

Client Requirements

Test(s) Required:

¹H NMR

¹H qNMR

Other (please specify)

Sample handling and storage information (include suitable solvents):

Additional comments or instructions:

Do you want samples returned (may incur additional charges)?

Yes

No

N/A

Submitted By:

Date:

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:	
Lab book and page no.:	
Samples received by:	Date: