

Nuclear Magnetic Resonance Facility

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Accredited for compliance with ISO/IEC 17025 - Testing



Accreditation No.: 20675

Job Request Form

	NMR Us	e 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) □ same email address as above □ another email address (please specify)					
Client Requirements					
Test(s) Required:					
NATA accredited tests:	□ ¹H NMR		□ ¹H qNMR		
Non-accredited tests:	☐ Other (please	e specify)	☐ Raw Data		
Sample handling and storage information (include suitable solvents):					
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?					
□ Yes	□ No		□ N/A		
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:					
Lab book and page no.:					
Samples received by:		Date:			