



Guru Gobind Singh Indraprastha University
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<h2 style="margin: 0;">NMR Sample Request Form</h2> <p style="margin: 5px 0;">Please tick boxes (<input type="checkbox"/>) as applicable.</p>	Name	
	Supervisor	
	Date submitted	
	Mobile #	
	Phone Ext #	
	Email	
Sample Name		
Your Sample Code		
Solvent	CDCl ₃ <input type="checkbox"/> Other: _____	
Sample Stability	Stable <input type="checkbox"/> Unstable <input type="checkbox"/> (Details): _____	
Health Hazards		
Referencing	Use TMS <input type="checkbox"/> Other: _____	

Please tick () requested experiments, and give ranges if required:

¹H from _____ to _____ ppm

¹³C from _____ to _____ ppm

VT required (Samples run at 30°C otherwise) No Yes (Range) _____

Other non-routine experiments (other nuclei, etc)

Signature of the Worker

Signature of the Supervisor