

Request NMR analysis form

Name

Full name:	
E-mail:	@sund.ku.dk
Room:	
Group:	<input type="checkbox"/> CfB, <input type="checkbox"/> MedChem, <input type="checkbox"/> ChemNeuroSci, <input type="checkbox"/> NPP, <input type="checkbox"/> _____
Project:	<input type="checkbox"/> Preliminary tests, <input type="checkbox"/> Funded, ongoing project

Sample

Sample label:	[Mark your tube!]
Do you want the sample back?	<input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> Keep refrigerated, <input type="checkbox"/> Avoid light
Solvent:	<input type="checkbox"/> CDCl ₃ -d, <input type="checkbox"/> MeOD-d ₄ , <input type="checkbox"/> DMSO-d ₆ , <input type="checkbox"/> Acetone-d ₆ , <input type="checkbox"/> D ₂ O, <input type="checkbox"/> _____
Amount:	<input type="checkbox"/> Plenty, <input type="checkbox"/> Less, <input type="checkbox"/> _____ mg, <input type="checkbox"/> _____ mM [Should be 20-50 mM]
Known impurities:	[Solvents, salts, ...]

Experiments, NMR-600-A, NMR-400-A, NMR-600-B

	Parameters/Comments	Data file [filled in by operator]	Exp.no.
¹ H <input type="checkbox"/>			
¹³ C <input type="checkbox"/>			
¹³ C DEPT <input type="checkbox"/>			
COSY <input type="checkbox"/>			
TOCSY <input type="checkbox"/>			
NOESY <input type="checkbox"/>			
HSQC <input type="checkbox"/>			
HMBC <input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Structure/Comments

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