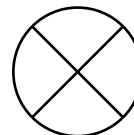
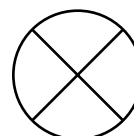


NMR 600 MHz Request Form



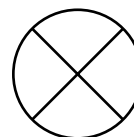
Experiment:	¹ H	¹³ C	COSY	HSQC	HMBC	DEPT	APT
Date of delivery:				Date for the results (for operator):			
Name:				E-mail:			
Supervisor:				Phone Num.:			
Sample Code:				Structure:			
Deuterated Solvent							
Weight of Sample:							
Storage:							

NMR 600 MHz Request Form



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Date of delivery:				Date for the results (for operator):			
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Deuterated Solvent							
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NMR 600 MHz Request Form



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Date of delivery:				Date for the results (for operator):			
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Sample Code:				Structure:			
Deuterated Solvent							
Weight of Sample:							
Storage:							