



NMR Facility Service Form

Control No. _____

CLIENT INFORMATION

Name _____
Institution _____
Address _____
Phone No. _____ Email Address _____

SAMPLE INFORMATION

Sample ID _____ Weight (mg) _____
% Purity _____ Deuterated solvent _____
Stability _____ Storage condition _____

Please tick the appropriate box and indicate the number of scans or run time.

Experiment	Scans/ Run time	Other experiments:
<input type="checkbox"/> PROTON	_____	
<input type="checkbox"/> COSY	_____	
<input type="checkbox"/> CARBON	_____	
<input type="checkbox"/> HSQC	_____	
<input type="checkbox"/> HMBC	_____	

I understand and agree to the following:

- That I will be billed according to the **half-hourly usage** of the NMR plus consumables, if any, based on the current rates.
- Samples submitted will be disposed of after **one (1) month** of processing if not claimed.
- Data files will be deleted after **one (1) month** of processing.
- A minimum basic half-hour rate or 50% downpayment, whichever is higher, must be made upon submission of sample. Additional 25% administrative charges will be applied to the total fees. Payment should be made at the UPD Cashier's Office.
- All experiments that will require more than 30-minute run time will be run during the night queue with a 50% discounted rate on a 2-hr block schedule.
- Day queue is from 8 AM to 5 PM and night queue is from 5 PM to 8 AM.
- Data files will be available 5 to 10 working days from the actual analysis date.

Student Thesis Adviser: _____ Signature of Client: _____

Researcher Project Leader: _____ Submission date: _____

FOR INTERNAL USE: NMR 400 MHz NMR 500 MHz

Sample receipt date: _____

Analysis date: _____

Filename: _____

Total acquisition time: _____

Analyst: _____

SOC No:	_____
OR No.:	_____
Results released:	_____