FORM 1
REV 08
27 JUNE 2025

Control No: _____
SOC No: _____
OR No.: _____
Released: _____

CLIENT INFORMATION

Name _____

Institution _____

Address _____

Phone No. _____ Email Address _____

SAMPLE INFORMATION

Sample ID _____ Weight (mg) _____

Purity (%) _____ Deuterated solvent _____

Stability _____ Storage condition _____

Source ☐ Natural product ☐ Organic Synthesis ☐ Commercial reagent ☐ Others: _____

Appearance *(please tick all that apply)*
- Clarity ☐ Clear ☐ Cloudy / Turbid ☐ With visible precipitate (color: _____)
- Color ☐ Colorless ☐ Colored (color: _____)
- Viscosity ☐ Normal fluid ☐ Viscous

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

Experiment	Scans/ Run time	
☐ PROTON (^{1}H)	_____	☐ Monitor ^{1}H peaks (δ, ppm: _____)
☐ CARBON (^{13}C)	_____	☐ Monitor ^{13}C peaks (δ, ppm: _____)
☐ COSY	_____	**Other experiments:**
☐ HSQC	_____	
☐ HMBC	_____	

I understand and agree to the following:

a. The bill is based on the **half-hourly usage** of the NMR plus any consumables, according to the current rates.
b. A minimum basic half-hour rate or a 50% downpayment, whichever is higher, must be made upon submission of the sample. Full payment is required before the release of the results. Payment should be made at the UPD Cashier's Office.
c. The facility will not perform any additional sample preparation. NMR spectral acquisition will be carried out directly on the submitted sample, without modification.
d. Samples submitted will be disposed of after **one (1) month** of processing if not claimed.
e. Data files will be deleted after **one (1) month** of processing.
f. All experiments that require more than 30-minute run time will be run during the night queue.
g. Data files will be available 5 to 10 working days from the actual analysis date.
h. A Certificate of Analysis will be issued. However, no NMR spectral data interpretation will be provided.

☐ Student *Thesis Adviser:* _____ Signature of Client: _____

☐ Researcher *Project Leader:* _____ Submission date: _____

FOR INTERNAL USE: ☐ NMR 400 MHz ☐ NMR 500 MHz

Receipt date: _____ Analysis date: _____

Total run time: _____ Remarks: _____

Filename: _____ Analyst: _____