

NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH

Sector-67, S.A.S. Nagar, Mohali.
Central Instrumentation Laboratory

Service Request Form

¹³C NMR

		Form No	
Name			Date
Department		Name of Faculty/Guide	
Institute / Industry			
Complete Address			
Email address		Mobile No	

S. No	Sample Code	No. of scans required	Range PPM/ Hz	Solvent				
				CDCl ₃	CD ₃ OD	DMSO- <i>d</i> ₆	D ₂ O	Others
1.								
2.								
3.								
4.								
5.								

Maximum limit 5 samples per requisition form (Strikeout blank lines).

Sample quantity required is 20 mg

Sample preparation	Please use 0.6 -0.8 mL of solvent per 20 mg of sample i.e. 3 cm height of solvent for 5 mm NMR sample tube. Best results are obtained on samples that are fully dissolved in the solvent. Filter out particles using a pipette that has a small piece of clean cotton in it.
Nature of Sample\ any specific storage condition required.	Lachrymatory, Explosive, other
Any Additional Information	

It is certified the sample is not a reaction mixer.

Signature of Authorized Person

For Office Use (Internal / Outside Samples)

Date of sample received	Date of sample analyzed	Date of results delivered	Log Book Entry No.	Analyst

For Outside Sample(s)

Date	Receipt / Invoice No.	Amount (₹)