

**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH**

Sector-67, S.A.S. Nagar, Mohali.

Central Instrumentation Laboratory

Service Request Form

**<sup>1</sup>H NMR**

<b><sup>1</sup>H NMR</b>		Form No	
Name		Date	
Department		Name of Faculty/Guide	
Institute / Industry			
Complete Address			
Email address		Mobile No	

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

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

Sample quantity required is 5 mg

Sample preparation	Please use 0.6 -0.7 mL of solvent per 5 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.

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Signature of Authorized Person

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**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 (₹)