

NMR Sample Submission Form

Submitter

Name	PI / Group	Email address	Date of submission

Sample & Experiment

Number	Sample name	Solvent	Experiment type
1		CDCl ₃ DMSO-d ₆ Other	

Instrument	Sweep width	Number of scan	Additional information / Instructions
Bruker-300 Varian-500	From To	Default 16 scans	

Number	Sample name	Solvent	Experiment type
2		CDCl ₃ DMSO-d ₆ Other	

Instrument	Sweep width	Number of scan	Additional information / Instructions
Bruker-300 Varian-500	From To	Default 16 scans	

Number	Sample name	Solvent	Experiment type
3		CDCl ₃ DMSO-d ₆ Other	

Instrument	Sweep width	Number of scan	Additional information / Instructions
Bruker-300 Varian-500	From To	Default 16 scans	

Number	Sample name	Solvent	Experiment type
4		CDCl ₃ DMSO-d ₆ Other	

Instrument	Sweep width	Number of scan	Additional information / Instructions
Bruker-300 Varian-500	From To	Default 16 scans	