

York University
NMR Facility Request Form

Sample Name:

Suggested Solvent:

Structure or WHMIS information:

Required Information from Analysis:

- ^1H spectrum only
- ^{13}C spectrum
- ^1H assignments
- quantitative ^1H assay
- other (please specify) _____

Your Name: _____

Telephone Number or Email address: _____

Billing Name: _____

Telephone Number or Email address: _____

Address (Number, Street, City, Postal Code): _____
