



Sample Submission Form: NMR and LCMS services

Name:

Phone:

Email:

Company Name:

PO#

Priority: (check one): **Express** (same day service surcharge \$100 flat per form) Regular Service (2-5 Days)

Receive data as (check one): E-mailed PDF Other (specify)

	Sample ID	Sample ID	Sample ID	Sample ID	Sample ID
¹H NMR*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
solvent	<input type="checkbox"/> CDCl ₃ <input type="checkbox"/> d ₆ -DMSO <input type="checkbox"/> D ₂ O <input type="checkbox"/>	<input type="checkbox"/> CDCl ₃ <input type="checkbox"/> d ₆ -DMSO <input type="checkbox"/> D ₂ O <input type="checkbox"/>	<input type="checkbox"/> CDCl ₃ <input type="checkbox"/> d ₆ -DMSO <input type="checkbox"/> D ₂ O <input type="checkbox"/>	<input type="checkbox"/> CDCl ₃ <input type="checkbox"/> d ₆ -DMSO <input type="checkbox"/> D ₂ O <input type="checkbox"/>	<input type="checkbox"/> CDCl ₃ <input type="checkbox"/> d ₆ -DMSO <input type="checkbox"/> D ₂ O <input type="checkbox"/>
¹⁹ F NMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
¹³ C NMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
³¹ P NMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Nucleus (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
variable temp.	<input type="checkbox"/> °C	<input type="checkbox"/> °C	<input type="checkbox"/> °C	<input type="checkbox"/> °C	<input type="checkbox"/> °C
LCMS*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
method	<input type="checkbox"/> std pos <input type="checkbox"/> std neg <input type="checkbox"/>	<input type="checkbox"/> std pos <input type="checkbox"/> std neg <input type="checkbox"/>	<input type="checkbox"/> std pos <input type="checkbox"/> std neg <input type="checkbox"/>	<input type="checkbox"/> std pos <input type="checkbox"/> std neg <input type="checkbox"/>	<input type="checkbox"/> std pos <input type="checkbox"/> std neg <input type="checkbox"/>
m/z range	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
Hazards*	<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> none
air/water sensitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
light sensitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
unusually toxic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample Return	<input type="checkbox"/> return <input type="checkbox"/> keep <input type="checkbox"/> dispose	<input type="checkbox"/> return <input type="checkbox"/> keep <input type="checkbox"/> dispose	<input type="checkbox"/> return <input type="checkbox"/> keep <input type="checkbox"/> dispose	<input type="checkbox"/> return <input type="checkbox"/> keep <input type="checkbox"/> dispose	<input type="checkbox"/> return <input type="checkbox"/> keep <input type="checkbox"/> dispose

Miscellaneous instructions:

Terms: Non-conforming rates will apply to incorrect or misleading sample submission forms. Emeryville Pharmaceutical Services will provide a quotation for this work upon request. Expected charges over \$1,000 will require a credit check, payment or deposit up front, or credit card hold. First time customers are required to pay by wire transfer or credit card. Emeryville Pharmaceutical Services' liability will not exceed the fees paid for services by the client. * See website for definitions of conforming samples and current rates.

Signed:

Date: