NMR SAMPLE SUBMISSION FORM

(CHAIN OF CUSTODY RECORD)

Internal use only
CN-

PLEASE COMPLETELY FILL OUT YOUR INFORMATION BELOW

1) *Indicate what experiments are to be done per sample.*
2) *Provide any special handling or processing instructions in the "SPECIAL INSRUCTIONS" field provided.*
3) *Print out this form, then print, date, and sign your name in the respective fields*
4) *Submit this form with your shipment of samples.*

COMPANY:	ADDRESS:
CONTACT NAME:	
PHONE:	E-MAIL:

SERVICE OPTIONS

☐ Same Day Rush (**+$250**)
☐ GLP/cGMP NMR*

NMR TESTING INFORMATION

SAMPLE ID *(Write down the sample IDs of each sample on the lines provided below. Attach additional Sample Submission Forms as necessary.)*	*1D NMR*									*2D NMR**					*GENERAL*						**ADDITIONAL INFORMATION**								
			*Other ^{13}C												SOLVENT						*Sample Storage*				*Sample Return[1]*			*Hazards*		
	^{1}H	^{13}C	DEPT 45	DEPT 90	DEPT 135	^{19}F	^{29}Si*	^{31}P	OTHER*:	COSY (^{1}H-^{1}H)	NOESY (^{1}H-^{1}H)	HSQC (^{1}H-^{13}C)	HMBC (^{1}H-^{13}C)	OTHER:	$CDCl_3$	d6-DMSO	D_2O	OTHER*:	TMS Spike	Exp. Temp.*:	Room Temp.	5°C	-20°C	-80°C	Discard	Return	Keep	Light	Air/Water	Toxic

SPECIAL INSTRUCTIONS:

SENT BY *(print name)*:

DATE:

SIGNATURE:

**Please contact Emery Pharma for other 1D work, 2D experiments, other solvent availability/pricing, GLP/cGMP work, and/or NMR experimental temperature.*

[1] If no sample disposition has been indicated, samples will be discarded 2 weeks after test completion.

EP ONLY

① RECEIVED BY *(print name)*:		DATE:	SIGNATURE:
STORAGE LOCATION:			
② TESTED BY *(print name)*:		DATE:	SIGNATURE:
Notebook/ File Ref:	Additional Comments:		
③ VERIFIED BY *(print name)*:		DATE:	SIGNATURE:
④ DATA SENT BY *(print name)*:		DATE:	SIGNATURE:
⑤ QA REVIEW: ☐ Fields ☐ SS ☐ Filed		DATE:	SIGNATURE: