NMR SAMPLE SUBMISSION FORM

(CHAIN OF CUSTODY RECORD)

Internal use only
CN-

CUSTOMER INFORMATION

COMPANY:	**ADDRESS:**
CONTACT NAME(s):	
PHONE:	**E-MAIL(s):**

SAMPLE INSTRUCTIONS

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.*

Please completely fill out sample information below. INCOMPLETE FORMS WILL RESULT IN DELAYS IN SAMPLE PROCESSING.

DATA OPTIONS	NMR TESTING INFORMATION																					SAMPLE INFORMATION								
☐ FID (raw data) ☐ PDFs of Spectra	1D NMR									2D NMR*					SOLVENT							STORAGE CONDITION				DISPOSITION[2]			HAZARDS		
	Conforming			*Non-conforming*																										
SAMPLE ID *(Write down the sample ID for each sample in the lines provided below. Attach additional Sample Submission Forms as necessary.)*	^{1}H	^{13}C	^{31}P	*Other ^{13}C DEPT 45	*Other ^{13}C DEPT 90	*Other ^{13}C DEPT 135	^{19}F	^{29}Si *	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	MeOD	Other*:	TMS Spike		Room Temp.	4 °C	-20 °C	-80 °C	Discard	Return[2]	Keep[2]	Light	Air/Water	Toxic

SPECIAL INSTRUCTIONS: *(attach additional information on separate sheets as needed)*

CHECK HERE FOR RUSH SERVICE[1] ☐

SENT BY *(print name)*:

DATE:

SIGNATURE:

[1] Rush Service is 100% surcharge per sample for guaranteed 24-hour turnaround (with at least 24-hour notice of sample submission). RUSH SAMPLES SUBMITTED WITHOUT PRIOR NOTICE WILL INCUR AN ADDITIONAL 50% SURCHARGE PER SAMPLE.

[2] If no sample disposition has been selected, samples will be discarded 2 weeks after data sent date. If "Return" is selected, please also provide FedEx/UPS account information. If "Keep" is selected, samples will be stored for 30 days after data sent date; client will then be charged **$10/sample** for each month after.

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

EP ONLY

①	RECEIVED BY *(print name)*:	DATE:	SIGNATURE:
	RECEIVED CONDITION: ☐ As stated above ☐ NOT as stated above	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:

EMERY PHARMA | 1000 Atlantic Ave. ste 110 | Alameda, CA 94501 | (510) 899-8814

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