


# NMR SERVICE FORM FOR MAIL OR DROP OFF SAMPLES

## INTERNAL OR EXTERNAL FORM

CUSTOMER INFORMATION:

MAIL OR DROP OFF DATE: \_\_\_\_\_

<b>PI/ADVISOR NAME:</b>		<b>USER NAME:</b>	
<b>COLLEGE/DEPARTMENT:</b>		<b>COLLEGE/DEPARTMENT:</b>	
<b>COMPANY/DIVISION:</b>		<b>COMPANY/DIVISION:</b>	
<b>E-MAIL:</b>		<b>E-MAIL:</b>	
<b>OFFICE #:</b>		<b>PHONE #:</b>	



<u>Date</u>	<u>Sample Information</u>	<u>Experiment details</u>	<u>Solvent/Buffer</u>	<u>Other information (shifts range/sample handling)</u>

### CONTACT INFORMATION:

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