

Application Form for NMR measurement

No. _____

Submitted Date:	Name:
Name of Institute Dept. : Lab. :	(Tel) : (Mail Address)
Sample Name:	Solvent: CDCl ₃ , D ₂ O, CD ₃ OD, Acetone- <i>d</i> ₆ , Pyridine- <i>d</i> ₅ , DMSO- <i>d</i> ₆ , D ₂ O, C ₆ D ₆ , Other ()
Conc.: mg (mg / ml)	Reference : Case of Internal Reference : [TMS, DSS, Solvent Signal, Other ()] Case of External Reference ()

Needed Measurements : * 1 D [¹ H, ¹³ C, DEPT, other ()] * 2 D [H-H(COSY), H-C(HSQC), Long-range-H-C(HMBC), HOHAHA(TOCSY), DOSY, Other ()] * NOE [1D-NOE, 2D-NOESY, 2D-ROESY, other ()] * Change of Temperature (Higher · Lower) : Range to Temp. [°C ~ °C, At the Interval of °C] * Multinuclear [Nuclear :], Sample for External Standard :] * Other Measurement () { ※ Please circle all of the necessary measurements}	
{ ※ When you hope in particular, please circle the apparatus. }	
* AV 600 * AV 400 * Z 400 * AV 300N	
Chemical Structure : { ※ Please fill in any information if you could estimate or understand partial structure. } (Possible Structure) * Mol. Formula : _____ * Mol. Weight : _____	

※ The following is entry-free *****

※ Measured Date : (Month) (Date) (Year) Model of Apparatus :

※ Measuring Time (hr.)

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