

REQUEST FOR SAMPLE ANALYSIS
Nuclear Magnetic Resonance Center, Washington State University,
College of Pharmacy, Room 450C, 412 E. Spokane Falls Blvd, Spokane, WA 99202

Sample submitted by: _____

Faculty Project Leader (PI): _____

Department/Organization: _____

Address: _____

E-Mail address: _____ Phone: _____

PLEASE PROVIDE THE INFORMATION REQUESTED BELOW. SUCCESSFUL ANALYSES OF YOUR SAMPLES DEPEND UPON IT.

Sample Name:

No of Samples:

Weight (mg):

Experiments for

Each Samples:

Solvent:

Molecular Weight:

Stability:

Structure and Additional Comments:

*Please add attachments if there is not
enough space.*

Please acknowledge the WSU NMR Core in your publications

Date: _____ Signature: _____

Budget/PO Number	Service	Qty	Rate	Amount

For NMR facility:

Date Receive the Sample: _____

Experiment Name: _____

Experiment Time: _____

Instrument: _____

Operator: _____

Note: _____