

Texas A&M University

Department of Chemistry
Nuclear Magnetic Resonance Facility

Facility Contact Information

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Sample Submission Form

Contact Information

Name: _____ Date: _____
Phone: _____ Dept/Firm: _____
Email: _____ Acct/PO: _____
PI: _____ Address: _____

Sample Information

Sample ID: _____ Solvent: _____
Formula: _____
Concentration: _____ (mM)
Toxicity: _____

<input type="checkbox"/> Acetic Acid-d4	<input type="checkbox"/> D ₂ O
<input type="checkbox"/> Acetonitrile-d3	<input type="checkbox"/> 10% D ₂ O in H ₂ O
<input type="checkbox"/> Acetone-d6	<input type="checkbox"/> Methanol-d4
<input type="checkbox"/> Benzene-d6	<input type="checkbox"/> Methylene Chloride-d2
<input type="checkbox"/> Chloroform-d	<input type="checkbox"/> TFA-d
<input type="checkbox"/> DMSO-d6	<input type="checkbox"/> Other: _____

Is the sample paramagnetic? Y N

Are there any storage requirements? Y N If yes, please detail: _____

Services Requested

	Target Nucleus	Experiment(s)	Desired Parameters (eg: Relaxation Delay)
1			
2			
3			
4			