



Nuclear Magnet Resonance Spectrometer (400 MHz) Facility

Department of Chemistry

Central University of Tamil Nadu, Thiruvarur-610 005

Requisition Form

Instrument Make: Bruker (Model: Avance Neo)

Form No:-----



User Information

Name of the user:

Department:

Organisation:

Mobile No:

E-Mail:

Name of Supervisor & Designation:

User Category: Internal / External Academic institution / R&D

Number of Samples:

Description of sample:

| Sl. No | Sample Code | *Nature of Samples • Powder • Solid • Liquid • Other Specify | *Type of Analysis • ^1H , ^{13}C , ^{31}P , ^{19}F • DEPT 135 • 2D NMR • Solid Mode NMR | Solvent | scan | Spectral range (ppm) | Remarks |
|--------|-------------|--|---|---------|------|----------------------|---------|
| 1 | | | | | | -to- | |
| 2 | | | | | | -to- | |
| 3 | | | | | | -to- | |
| 4 | | | | | | -to- | |

- Nature of Sample (Organic/ Polymers/Composites etc. Kindly mention the identity of analyte):
- Whether the analyte is toxic? YES / NO (If YES, mention the precautions that must be taken care of during sample handling)
- For special experiments contact the instrument in-charge.

Note:

1. Maximum samples that can be accommodated in request form are limited to **FOUR**. If in the case of more than four samples, submit multiple forms.
2. **Payment:** Send the online fee payment receipt along with the request form. Your slot will be confirmed only after receiving samples and payment receipt.

Declaration:

The details of the sample provided are true. We hereby declare that the samples described above:

- (a) Do not contain magnetic/hazardous substances; and (b) poses no health risk or physical hazard, and (c) the samples do not contain any content, or materials that can be classified as dangerous.

We accept the risks and the responsibility for any consequences arising from the sample/material with this declaration and we also agree meet the expenses. We understand that the fact that if the instrument is damaged due to running of our sample, we will be held responsible.

Signature of the user

Signature of the
Supervisor/Head with Seal

Date:

FOR OFFICE USE ONLY:

| Payment Ref. No. | Date of Payment | Amount | Remark |
|------------------|-----------------|--------|--------|
| | | | |

Serial No. of sample: _____ sample received on: _____ File : _____ result sent on : _____

Signature of the Technical In-charge

Signature of the Head with seal