



NMR Measurement Request Form - Solid-State

| nternal Use Only. NMR Measurement Number: | | Measurement Date: | |
|---|-----------------|-------------------|--|
| Name: | Research Group: | Date: | |
| Email: | Phone Nr.: | | |

| Sample name | Sample mass (mg) | Sample state | Melting point | Molecular weight |
|------------------------------------|-------------------------------------|---------------------------------------|---------------|---------------------|
| will become the later file name | >50 mg are typically required | Solid / semi-solid (gel) / liquid) | [° C] | [g/mol] |
| | | | | |
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Description of the sample composition and stability, as precise as possible. Recommended: structural formula drawing + molecular formula

Description of the research question as detailed as possible: nuclei, desired experiments, measurement time/parameters, comparative data...: