

**Biophysics NMR Center - Sample Submission Form**

Once you are an approved NMR Center user (submitted User Information Form), complete this form each time you are requesting NMR time and submit it to the NMR Center Manager.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Requested NMR experiments:** \_\_\_\_\_ **Sample ID:** \_\_\_\_\_

**For Solid State NMR:**

**Sample volume:** \_\_\_\_\_

**Spin rate:** \_\_\_\_\_

**Temperature in experiment:** \_\_\_\_\_

**For Solution State NMR:**

**Deuterated solvent:** \_\_\_\_\_

**Concentration:** \_\_\_\_\_

**Mol Wt.** \_\_\_\_\_

**Does your sample require special handling precautions?** YES NO

If yes, specify the necessary precautions & any possible hazards in handling your sample:

**Indicate the NMR technician support that you are requesting for this sample:**

Consultation on experimental design

Sample preparation

Set-up and run time on NMR

Data processing (emailed)

Data analysis

Generate spectra for publication

Other: \_\_\_\_\_

We can help you determine the best experiment to run if you describe your project and explain what information you would like to learn. Also indicate any other special instructions here.

**Biophysics NMR Center - Billing Information**

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**Billing Contact Information (invoice will be sent here):**

**Institution/Department:** \_\_\_\_\_

**Billing Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Contact email:** \_\_\_\_\_

**Purchase Order # (enter if available):** \_\_\_\_\_

*(Note that payments must be made within 30 days of receipt of invoice in order to remain in good standing with the Biophysics NMR Center.)*

- 1) I understand that corresponding charges will be incurred at the current applicable rates as posted on the Biophysics NMR Center website at <https://lsa.umich.edu/biophysics/resources/biophysics-nmr-center.htm>, and I authorize payment to be made to the University of Michigan for these services.
- 2) I agree to acknowledge the source of these spectra as "LSA Biophysics NMR Center at the University of Michigan" when they are presented in any form (thesis, publication, presentation, book, digitally, etc.)

**User Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty/Supervisor Signature (if applicable):** \_\_\_\_\_

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**For NMR Center use only:**

Date Sample Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Estimated hours/fees quoted (if applicable): \_\_\_\_\_

NMR Recharge Center Name: \_\_\_\_\_ Shortcode: \_\_\_\_\_

1) Actual NMR Hours to bill: \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_ Amount : \$ \_\_\_\_\_

2) Technician Hours to bill: \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_ Amount : \$ \_\_\_\_\_

3) Supplies/Other fees to bill: \_\_\_\_\_ Amount : \$ \_\_\_\_\_

Technician Comments: \_\_\_\_\_ Total Amount to bill: \$ \_\_\_\_\_