

Acorn NMR Inc.
NMR Sample Submission Form

for use with GLP and GMP samples *only*

Print this form and enclose with your samples. All requested information is required.

Date _____

Name _____ Phone _____ email _____

Company _____ FAX _____ PO# _____

Data will be returned via US Mail. If other shipment is preferred, please indicate: _____
To receive copies of NMR data via email, indicate: FIDs spectra

GLP if GLP, please indicate **FDA** **EPA** (circle one)
In-Process inspection required? **Yes** **NO** (additional cost)

GMP
QA Review of data required? **Yes** **NO** (additional cost)

Protocol/Method ID & Rev. #: _____ (if none, enter "None")

Sample ID _____ Solvent _____

(*Note*: This is the identifier that will be used in reports and on spectra)

Sample storage (circle one): Room temp Refrig(approx 5C) Freezer(-10 to -20C) Dry ice

Work to be done (Circle all that apply) ¹H ³¹P ¹³C ¹⁹F D₂O exch Other _____

Sample to be (Circle one): Returned Discarded

Indicate Hazards: absorption inhalation smelly reactive special handling
Special requests:

Sample ID _____ Solvent _____

(*Note*: This is the identifier that will be used in reports and on spectra)

Sample storage (circle one): Room temp Refrig(approx 5C) Freezer(-10 to -20C) Dry ice

Work to be done (Circle all that apply) ¹H ³¹P ¹³C ¹⁹F D₂O exch Other _____

Sample to be (Circle one): Returned Discarded

Indicate Hazards: absorption inhalation smelly reactive special handling
Special requests: