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Bulgarian NMR Centre Order Form

Customer Information

Name	
Institution	
Address	
Phone	
Fax	
e-mail	

Billing Information (leave blank, if same customer)

Name	
Institution	
Address	
Phone	
Fax	
e-mail	
Bank account No	
VAT No	

Instrument*	DRX250	AV600	no preferences
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Sample information

1. Sample name						Sample properties*							
2. Quantity			mg	stable	volatile	toxic							
3. Solvent*	CDCl ₃	DMSO-d ₆	D ₂ O	other:		light sensitive	other:						
4. Return sample*	Yes	No	5. Store in refrigerator*:		Yes	No							
6. Molecular formula:						Consulting*:	Yes	No					
Molecular structure (or information on origin/synthetic pathway)						Interpretation*:	Yes	No					
						Analytical Protocol*:						Yes	No

To be completed by the operator

7. Experiment**	Print
¹ H	

Time	Sheets	Measurement	Print	Sample preparation
				€
				Solvent:
				ml
				€
				Total price:
				€

8. Other requirements:

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OPERATOR:

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DATE:

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Notes: *Please, check with \checkmark the requested position

**Experiments (standard spectral widths: ¹H -0.5 – 15.5 ppm; ¹³C{¹H} -12.0 – 225.0 ppm; ³¹P {¹H} -150.0 – 250.0 ppm):

1D: ¹H + D₂O, ¹³C{¹H}, DEPT135, DEPT90, ³¹P{¹H}, ³¹P, ¹⁹F{¹H}, ¹⁹F, for sel. NOE, please, specify the irradiation frequencies

2D: COSY, NOESY, HMQC, HSQC, HMBC