



# NMR Sample Submission Form

Please include completed form with all samples and mail to:

NEDP Analytical Services  
23 Business Park Drive  
Branford, CT 06437  
Phone: (203) 208-2523 Fax: (203) 208-2524

Date \_\_\_\_\_ PO# \_\_\_\_\_  
Name \_\_\_\_\_  
Company \_\_\_\_\_  
Phone \_\_\_\_\_ FAX \_\_\_\_\_  
E-mail \_\_\_\_\_

<b>Sample</b>	<b>Request (circle all requested)</b>					
Sample ID _____	NMR:	<sup>1</sup> H	<sup>13</sup> C	<sup>31</sup> P	<sup>19</sup> F	Solvent _____
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Special instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hazards \_\_\_\_\_