

# NMR CENTER

University of Botswana, Department of Chemistry

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## NMR Sample Submission Form

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address (Section for UB users): \_\_\_\_\_

Sample ID (Code)	Weight	Solvent	Type of Experiment* Required

\*  $^1\text{H}$ ,  $^{13}\text{C}$ , DEPT, COSY, HMBC, HMQC, TOCSY, NOESY, ROESY other (specify)

**Structures (if known)**

**Special requests** (in sample handling, experimental conditions, data processing etc.):

Sample to be (circle one):    returned                      discarded

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Supervisor's signature)