

## Process NMR Associates, LLC - NMR Sample Submission Form

### Sample Information:

Submission Date: \_\_\_\_\_ Requested Completion Date: \_\_\_\_\_  
Sample identification: \_\_\_\_\_  
Sample Name: \_\_\_\_\_  
Number of Samples: \_\_\_\_\_ Sample weight in milligrams: \_\_\_\_\_ Sample purity: Pure \_\_\_\_\_  
Mixture \_\_\_\_\_  
Description of Mixture \_\_\_\_\_  
Solubility Information \_\_\_\_\_  
Hazardous Sample Precautions \_\_\_\_\_  
Sample stability: Stable \_\_\_\_\_ Unstable \_\_\_\_\_  
Type of Precautions: \_\_\_\_\_  
Please Include MSDS for all materials.  
International Samples - Please provide TSCA Information. Please note that any costs associated with customs agents or post customs clearance shipping will be billed to the sender.  
Samples will be returned to the address from which they were shipped unless directed otherwise.  
Return to sender \_\_\_\_\_  
Return to other address \_\_\_\_\_  
On a separate sheet please draw a molecular structure of the sample and the reaction process by which the sample was prepared. This information will be treated in the strictest confidence.  
If a secrecy agreement is required please fill in the following:  
Secrecy Agreement Request: \_\_\_\_\_  
Legal Contact Information: \_\_\_\_\_

### Experimental Information:

NMR Experiments to be performed: \_\_\_\_\_  
Experimental Conditions (if known): \_\_\_\_\_  
Technical Journal References if available: \_\_\_\_\_  
Expectation of Results to be obtained \_\_\_\_\_  
Results are to be returned by : e-mail \_\_\_\_\_ FAX \_\_\_\_\_ Airborne \_\_\_\_\_ US mail \_\_\_\_\_ FedEx \_\_\_\_\_ UPS \_\_\_\_\_  
Format of e-mailed reports (circle) : Powerpoint \_\_\_\_\_ JPEG \_\_\_\_\_ CorelDraw \_\_\_\_\_ Word \_\_\_\_\_ Adobe PDF \_\_\_\_\_  
Raw Spectral Data Files to be provided to requestor (Circle) : Yes \_\_\_\_\_ No \_\_\_\_\_  
Express Service Request - Time Frame Desired \_\_\_\_\_

### Requestor Information:

Requestor's name: Printed \_\_\_\_\_  
Signature \_\_\_\_\_  
Company: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Requestors phone number: \_\_\_\_\_  
Requestors FAX number: \_\_\_\_\_  
Requestors e-mail: \_\_\_\_\_  
Purchase order number: \_\_\_\_\_

### Credit Card Payment Information :

Card Number \_\_\_\_\_ Name on Card \_\_\_\_\_  
Card Type (MC/Visa/Amex) \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Request PayPal E-Mail Invoice (Check) \_\_\_\_\_  
Accounts payable representative: \_\_\_\_\_  
Accounts payable phone number \_\_\_\_\_

### PLEASE SHIP SAMPLES TO THE ADDRESS BELOW:

Process NMR Associates, LLC Attn: John Edwards  
84 Patrick Lane, Suite 115, Poughkeepsie, NY 12603 U.S.A.