Departmental Analytical Laboratory
Department of Chemistry and Biochemistry
Faraday 317
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DeKalb, IL 60115
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Date:			
Name:			<u>Instructions</u>
Sample name or number:			1. Use a separate request form for each sample submitted.
	2. Samples shoul your name and sa		
Solvent Reference			3. The amount of required sample depends on the type of experiment desired. Please contact me for more information.4. If you make up your own sample, a
Desired instrum	ent		
integration	☐ yes ☐ no		volume of 0.6 ml to 1 ml is needed for a 5 mm NMR tube.
			Radioactive samples will not be accepted.
Experiments:	☐ 1H	☐ 31P	
	☐ 13C	11B	
	☐ 10B	other	
Special instructions:			
<u>Precautions:</u>	explosive		
	hygroscopic		sensitive to
			toxic, etc.