

### NMR LABORATORY

#### EXHIBIT B: REQUEST FOR SERVICES

194 and 196 KOLTHOFF HALL DEPT. OF CHEMISTRY  
612-625-8374 [letitia@nmr.chem.umn.edu](mailto:letitia@nmr.chem.umn.edu)

Name \_\_\_\_\_ Date \_\_\_\_\_  
Budget/PO \_\_\_\_\_ Dept./Co. \_\_\_\_\_  
Service Agreement No. \_\_\_\_\_ Professor \_\_\_\_\_  
Billing address (if non-university) Phone \_\_\_\_\_  
\_\_\_\_\_ Fax \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

#### SAMPLES

Label	Solvent	Reference	Concentration

NUCLEUS  <sup>1</sup>H  <sup>13</sup>C  <sup>31</sup>P  <sup>19</sup>F  other \_\_\_\_\_

EXPERIMENT TYPE  1D  2D If 2D, list type: \_\_\_\_\_

#### FIELD STRENGTH:

500 MHz  500 auto  400 MHz  400 auto  300 MHz  300 auto

*Samples run on the 300 autosampler must be in 8" NMR tubes.*

DATA DELIVERY  email raw data  email PDF  fax spectra  pick-up spectra

DO YOU WANT SAMPLES RETURNED?  Y  N

#### STRUCTURE OR SPECIAL INSTRUCTIONS

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#### LAB USE ONLY

Date run	Instrument	A-time	B-time	Op-time	Supplies