

# ACCU ANALYTICAL

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## REQUISITION FORM

Name of the Organization				
Phone & Email :				
S.No.	SAMPLE NAME / CODE		SOLVENT	TEST
1.				
2.				
3.				
4.				
STRUCTURE OR FORMULA :				

<b>NMR (Analysis)</b>	<sup>1</sup> H	<input type="checkbox"/>	NOESY1D	<input type="checkbox"/>	<sup>13</sup> C HSQC	<input type="checkbox"/>	NOESY2D	<input type="checkbox"/>
	D <sub>2</sub> O Exch	<input type="checkbox"/>	ROESY1D	<input type="checkbox"/>	<sup>13</sup> C-HMQC	<input type="checkbox"/>	ROESY2D	<input type="checkbox"/>
	<sup>13</sup> C	<input type="checkbox"/>	TOCSY1D	<input type="checkbox"/>	<sup>13</sup> C HMBC	<input type="checkbox"/>	TOCSY2D	<input type="checkbox"/>
	<sup>19</sup> F	<input type="checkbox"/>	DEPT	<input type="checkbox"/>	CIGAR	<input type="checkbox"/>	HOESY2D	<input type="checkbox"/>
	<sup>31</sup> P	<input type="checkbox"/>	APT	<input type="checkbox"/>	<sup>15</sup> N - HSQC	<input type="checkbox"/>	VTNMR	<input type="checkbox"/>
	<sup>11</sup> B	<input type="checkbox"/>	gCOSY	<input type="checkbox"/>	<sup>15</sup> N - HMBC	<input type="checkbox"/>	QNMR	<input type="checkbox"/>

Any Special technique Please mention below :

Note : Qty. required : For <sup>1</sup>H/ <sup>31</sup>P/ <sup>11</sup>B/ <sup>19</sup>F NMR = 5-10 mg

For <sup>13</sup>C NMR = 30-50mg

Signature of Authorised Person  
with Company Stamp

Date :

Time :