

ACCU ANALYTICAL

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REQUISITION FORM

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

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

Any Special technique Please mention below :

Note : Qty. required : For ¹H/ ³¹P/¹¹B/¹⁹F NMR = 5-10 mg
For ¹³C NMR = 30-50mg

Signature of Authorised Person
with Company Stamp

Date :

Time :