



University of Illinois at Chicago
College of Pharmacy
MCP NMR Facility sample submission form

UIC
MCP

Project information/name (if applicable)

Date of submission (mm/dd/yyyy)*

User information

Name*

e-mail address*

phone number*

PI Name*

Sample information

Consult Facility Director when submitting potentially hazardous materials. Radioactive samples are NOT accepted

Sample name*

Molecular weight*

Molecular formula*

Solubility*

Concentration (mg/ml)*

Experiment(s) requested*

Sensitivity*

None

Solvent

Air

Temperature

Unknown

Safety*

Non-toxic

Toxic

Flammable

Corrosive

Noxious

* - required field