

Sample Submission Form

Biomolecular NMR Facility, University of Maryland, College Park



Client Information

Requested by:	Date(MM/DD/YY):
Phone:	Institute Name and Address:
Fax:	
Email:	
P.I.*:	

*Principal investigator (P.I.) must have an existing account at Biomolecular NMR Facility.

Sample information (add additional pages if necessary)

Sample ID/name	Description (liquid/solid, concentration)	Requested, or existing solvent/buffer composition	Experiment(s) and Temperature requirement

Further instructions from user (add additional pages if necessary)

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Sample returning? ☐ (Include FedEx or UPS Acct. No. for land shipment.)

Method of data delivery: ☐ Email ☐ Fax ☐ Mail