

# UTM NMR Center Work Request

External use ONLY

Company: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Return form to:

University of Toronto Mississauga  
3359 Mississauga rd.,  
DV-2051-B, NMR Center  
Mississauga, Ontario  
L5L 1C6, Canada  
Attn: Dmitry Pichugin

Work requested:

\* Please include sample names, solvents, concentrations, and structures

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