



Request form for NMR analysis or training

Institute of Chemistry, The Hebrew University of Jerusalem

This form is valid until further notice.

Email _____ @ _____
 Title (Mr., Mrs., etc.) _____ Title in Hebrew (מרי, גבי, etc.) _____
 First Name _____ Last name _____
 First name in Hebrew _____ Last name in Hebrew _____
 Gender Male Female
 For phone numbers outside Israel precede the country code with a "+".
 Telephone _____ Extra Phone _____
 I have an Israeli ID no (specify) _____ Nationality _____ Passport number _____
 Department _____ Company _____
 I am the supervisor/billing contact Supervisor/billing contact in Hebrew Name _____
 He has an Israeli ID no (specify) _____
 Nationality _____ Passport number _____
 Billing address in Hebrew: Department _____ Company name _____
 Address _____
 Zip code _____ Country _____
 Company number _____
 I request (check that which applies) Analysis/consultancy/chemicals/equipment Training
 Please complete the work at any price
 Even if I do not get a result, stop work once I owe NIS _____
 On which NMR instrument do you want service?
 Express service at the 500 MHz price 400 MHz 500 MHz
 Do you want us to prepare the samples for you? Yes No

Samples: Number of samples

Name	Solvent	Nucleus	Special instructions

Number of chemical and equipment items taken

Item	Unit	Quantity

I agree to the terms and conditions of service as published at chem.ch.huji.ac.il/nmr/conditions.htm

Signature _____ Supervisor/billing contact signature _____

Office use:

List of time used

Date started	Time started	Date finished	Time finished	400 MHz	Express and 500 MHz	Consultancy
/ /201	:	/ /201	:	:	:	:
/ /201	:	/ /201	:	:	:	:
/ /201	:	/ /201	:	:	:	:
/ /201	:	/ /201	:	:	:	:
/ /201	:	/ /201	:	:	:	:
Total				:	:	.

Items taken

#	Item	Unit	Quantity	Unit price/NIS	Total net price	Total + 65%
				.	.	.
Total/NIS					.	.

Operator: _____ Date completed: _____ Samples prepared: ____
400 MHz time: ____:____
Express and 500 MHz time: ____:____
Consultancy time: ____:____
Chemicals and equipment: NIS _____
Total: NIS _____