



## REKVISITION

Jeol JNM-ECZR 500 MHz

### General information

Date:

Name:	School:
E-mail:	

### Sample information

Compound name:

Sample name: \_ \_ \_ \_ \_ (max 5)

Solvent:	CDCl <sub>3</sub> :	DMSO:	D <sub>2</sub> O:	Other:
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### Experiments required

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Remarks:

**For lab use only**

Holder nr.