Sample Submission Form

Biomolecular NMR Facility, University of Maryland, College Park



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Requested by:			Date(MM/DD/YY):				
Phone:			Institute Name a	and Address:			
Fax:							
Email:							
P.I.*:							
*Principal inves	stigator (P.I.) must have	an existing a	ccount at Biomole	ecular NMR Facility.			
Sample information (add additional pages if necessary)							
Sample	Description (liquid/	Requested, or existing		Experiment(s) and			
ID/name	solid, concentration)	solvent/buffer composition		Temperature requirement			
Further instructions from user (add additional pages if necessary)							
Sample returning? [Include FedEx or UPS Acct. No. for land shipment.]							
Method of data delivery: Email Fax Mail							

Address: University of Maryland, College Park Biomolecular Science Building # 296, rm 1105 College Park, MD 20742

Contact: Daoning Zhang, Ph.D. Phone: 301-405-8239 Fax: 301-314-0386