

INDIAN INSTITUTE OF TECHNOLOGY, BOMBAY

DEPARTMENT OF CHEMISTRY

ANALYSIS REQUEST FORM AND SAFETY DATA SHEET - 400 MHz NMR

Name of the user:	Name of Guide/PI:
Email Contact No:	Email:
Name of the Institute/Organization:	Contact No.
Address:	

User Type: IITB / External (University/National Lab/R&D/Industry)

1. Sample Information:

- Sample Code/Name: _____
 - Number of Samples: _____
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2. Details of Analysis Required:

a) Liquid-State NMR

- Solvent Required (CDCl₃, DMSO-d₆, etc.): _____
- NMR Experiments Required (¹H, ¹³C, DEPT, HSQC, HMBC, etc.):

- Temperature Variation (if required, specify): _____

- **Minimum Sample Requirement:** 15-20 mg (solubility dependent)

b) Special Experiments (if required):

- **Variable Temperature Experiments (Specify Temp.):**

3. Sample Characteristics:

- **Moisture Content:** Present / Absent / Not Applicable
- **Sample Type:** Organic / Inorganic / Magnetic / Non-Magnetic / Other (Specify):

- **Physical Properties:** Carcinogenic (*Specify Level:*

) / Non-Carcinogenic / Radioactive / Explosive / Toxic / Corrosive / Flammable / Non-Flammable / Other (*Specify:*

)
- **Stability:** Stable at Room Temperature / Hygroscopic / Sublimes / Reactive to Air / Moisture / Light / Heat
- **Toxicity Level:** Non-Toxic / Mildly Toxic / Highly Toxic

4. Health and Safety Information:

- **Potential Hazards:** Yes / No (*If Yes, specify: Irritant to Skin / Eyes / Harmful to Skin / Toxic if Inhaled / Ingested*)
- **Precautions for Handling:**

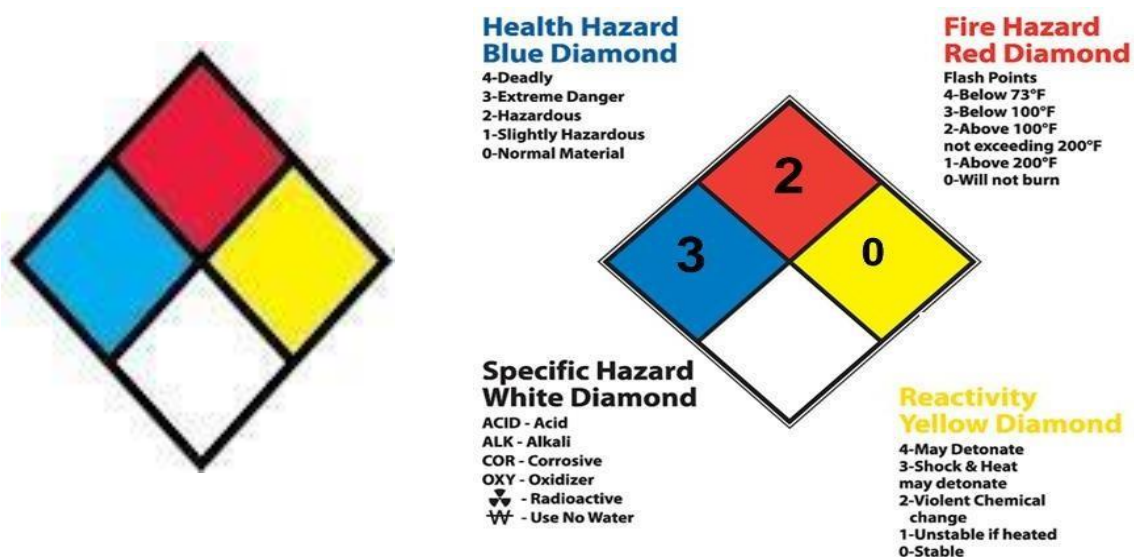
- **Symptoms of Exposure:** Difficulty in Breathing / Skin Reddening / Eye Irritation / Vomiting / Dizziness / Headache / Unconsciousness / Other (*Specify:* _____)
 - **First Aid Measures:** _____
 - **Sample Disposal Method:** _____
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5. Sample Handling Policy:

- All samples must be properly labelled with hazard classification.
 - Samples will be **discarded within 7 days** of analysis.
 - Users must arrange for sample collection if required, as the **NMR lab will not dispatch** samples.
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6. Additional Information:

- **NFPA Hazard Diamond (If MSDS Available):** Fill in the appropriate values.



7. MSDS Declaration:

I certify that the submitted samples are for research purposes only, and the provided information is accurate to the best of my knowledge. I understand that I am responsible for any consequences arising from incorrect information provided in Sections 3 & 4.

I agree to acknowledge **DST and the Department of Chemistry, IIT Bombay**, for providing the **400 MHz Solid-State NMR** facility in any related publications. I will also share publication details (journal name, volume, author names, issue date, etc.) at **choffice@chem.iitb.ac.in**.

I declare that the content of this report is for internal use only and **will not be used for advertisement, evidence, litigation, or certification purposes**.

I accept that **all reports (soft/hard copies) will not bear any official signatures, seals, or stamps** from the Department of Chemistry, IIT Bombay.

Signature of the User

Signature of the In-Charge/HOD/PI with Seal/Stamp

Date: _____