

NMR Spectrometer Responsibility / Training / Check-out Form

University of Iowa Central NMR Facility

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Web Page: <http://chem.uiowa.edu/university-iowa-central-nmr-facility>

Name: (Mr. / Ms. / Dr.): _____ Today's Date: _____

Univ. phone: _____ Department: _____ Bldg / Room: _____

Home phone: _____ (optional) email address: _____

U of I Status: [] Grad. Student [] Post-Doc. [] Staff [] Faculty [] Under-grad [] other _____

He/She has a frequent need for NMR spectra on the selected NMR Spectrometer(s) and should be instructed in the operation of the instrument(s). Once approved for operation, I agree to be responsible for the cost of repairs and the replacement of any damaged components that result from his/her negligence.

Please check the spectrometer(s)

Low-Field:

DPX-300

AV-300

Fourier-300

DRX-400

AVIII-400

High-Field:

AV-500

AVIII-600

Solids:

WB-300

AVIII-500

Supervisor's Name: _____

Supervisor's Signature: _____

The following MFK # (s) will be used for billing of NMR Spectrometer(s) usage:

Fund	Org	Dept	SubDpt	Grant/Prog	InstA.	OrgA.	DeptA.	Fn	Cost Ctr
xxx	xx	xxxx	xxxxx	x--xxxxx--xx	6218	xxx	xxxxx	xx	xxxx

- All initial training will be done by NMR staff at this time.
- **In general, Chemistry Department users have first priority to NMR time on this DPX-300, AV-300, and AVIII-400**
- Scheduling is done via web-page login for DPX-300, AV-300, DRX-400, and AVIII-400
- Scheduling is done via sign-up sheet in the NMR facility locations for the rest of spectrometers

Login-name desired _____

Password desired _____