

Rocky Mountain Regional 900 MHz NMR Facility, 12801 E. 17<sup>th</sup> Ave, L18-1300, Aurora, CO 80045  
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## Application for NMR time at the Rocky Mountain Regional 900 MHz Facility

1. Place the initial of the proposal type in box below. \* (If C is selected, please give the previous proposal number.)

N : New

C : Continuation

U : Urgent

F : Flexible

Previous proposal No.

2. Principle Investigator :

Name:

Affiliation:

Department:

Address:

Phone:

Fax:

Email:

3. Give a one sentence description of proposal

4. Abstract (Max 1 Page) [Briefly describe the project including significance, aim of high field data collection, and expected results of this experiment. All projects must include justification for use of the 900 and include preliminary data collected at lower fields]

For a continuing proposal describe the results of previous experiments and the reason for requesting continuation. For an urgent proposal, append the reason for urgency.

5. Number of days required:

(Please ensure that your response explains how you calculated the number of days.)

\_\_\_ days / experimental run x \_\_\_ no. of runs    Total \_\_\_ days

i) Unacceptable dates:

ii) Sample stability period:

6. Details of experiment

Pulse Sequences	Custom or Biopack**

\*\*; If custom, pulse sequence and parameters must be sent to the facility 1 week prior to scheduled time. See pulse sequence policy on website.

7. Additional Comments

Name of PI:  
NIH Grant #:

The Rocky Mountain 900 MHz NMR Facility is available through the assistance of a grant from NIH General Medical Sciences. All users of the facility agree to provide an annual report of their use of the facility, or at other times when requested by the facility director. In addition, all users must include a statement acknowledging their use of the facility in all publications that include data collected in the facility, and must provide a copy of all publications to the facility director.

I certify that the preceding information is complete and correct, and agree to the terms of use of the facility.

PI's Signature \_\_\_\_\_ Date

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**Office use**      Received date                      Reviewed date

Proposal number

Reviewed result [Selected / Rejected]