n-D NMR Registration

Name			
Organization Type	**Instrument** ❑ **Manufacturer**	**Independent** ❑	**Academic** ❑
Organization			
Address			
Country			
Tel.:	Fax:	E-mail:	

Request for records in the new n-D NMR Protocol

Remember—the new protocol will be generic and not manufacturer-specific. Only fields that comply with this criterion will survive the review process.

All records require the following elements for the protocol:

NAME TYPE [OPTIONS] DESCRIPTION

Please enter the NAME of your requested record. This field should be short but descriptive, e.g., PULSSEQUENCE	**NAME** and		
Please select one of the following data types. Your field may be one of either.	**TEXT** for free formatted comments, etc. ❑	**AFFN** for free formatted numerical values ❑	**STRING** if only options from a pre-defined list are to be allowed ❑

If you have chosen **STRING**, you must now enter the list of possible options. Remember to include definitions for all options in the detailed description field below.
STRING OPTIONS:

Finally, please provide a detailed description of what purpose this field serves! How should these data be handled by software?

Should this field be optional or required? Why?	**REQUIRED** **OPTIONAL**	❑ ❑