



X-ray Crystallographic Laboratory Sample Submission Form
Please fill in shaded boxes, including a labeled molecular drawing (below)

Research Advisor: _____		Email: _____	
Chemist (if different): _____		Email: _____	
Graduate	Undergraduate	PostDoc	PI
(Circle one)			
Sample name / code: _____			
Molecular formula: _____			
Services: <input type="checkbox"/> Data Collection Only <input type="checkbox"/> Structure Determination <input type="checkbox"/> Absolute Structure <input type="checkbox"/> Unit Cell Check			
Collection Temperature: <input type="checkbox"/> Room temperature, <input type="checkbox"/> 100 K (usual), Other _____ K			
List all solvents used in crystal preparation: _____			
Sample stability (check all that apply) <input type="checkbox"/> Air Sensitive <input type="checkbox"/> Hygroscopic <input type="checkbox"/> Pyrophoric <input type="checkbox"/> Light Sensitive			
<input type="checkbox"/> Temp. Sensitive <input type="checkbox"/> HAZARDOUS <input type="checkbox"/> Explosive <input type="checkbox"/> Radioactive			
Special instructions or precautions:			

In the space below please draw out reaction scheme and desired numbering/labeling scheme. If no labeling scheme is specified, the crystallographer will assign one.

Sample History Record (Facility Use Only)

Sample submitted (/ /)	a, (Å) _____	Color _____
Sample initiated (/ /)	b, (Å) _____	Shape _____
Report completed (/ /)	c, (Å) _____	Size(max,mm) _____
Work billed on (/ /)	α , (°) _____	Size(med,mm) _____
File name: _____	β , (°) _____	Size(min,mm) _____
Notes:	γ , (°) _____	Temp (°K) _____
	V, (Å ³) _____	Space Group _____