Request for X-Ray Crystal Structure Determination

Name: _________________________________________ Date: ____________________________

Email: _________________________________________ Phone: ___________________________

PI: ____________________ PO/AccountNumber__________________________________

Address to which the Invoice is made:
________________________________________________________________________________

Request Complete Structure Determination_____ Collect Data Only_____ Determine Cell ______

Sample reference number: ________________________________

Empirical formula (Required): ______________________________________________________

Description of crystals (color, shape etc.): _____________________________________________

Solvent(s) of crystallization__________________________________________________________

Any other solvent(s) the sample has been exposed to? __________________________________

Is the sample Chiral? ______________ Racemic? ______________ Air sensitive? _____________

Moisture sensitive? ___________ Light sensitive? ___________ Temperature sensitive?__________

Note: ___________________________________________________________________________

Draw proposed structure with Preferred atom numbering scheme