

X-Ray Diffraction Laboratory
Department of Chemistry and Biochemistry and Center for Nanoscience
Room M225 CNS Building, University of Missouri-St. Louis

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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