Request for Crystal Structure Determination

Name :_____Date_____
Office number _____ Telephone _____ Fax _____ e-mail _____
Principle Investigator (Advisor) _____ Dept. _____
Account to be billed _____ to _____ for $60.00
Original Sample Number _____Location _____
_____

Chemical Formula Formula weight
_____

Density _____ Solvents used _____ Sensitivity _____
Crystal color _____ Is the sample chiral or racemic ? _____
Draw Structure (label all chiral centers).

_____

X-ray Queue number _____ Project _____ Results presented to : _____ Date _____
Comments :

Crystal Data

Crystals were : Acceptable Too Small Not Crystalline Twinned Other :

Color _____ Habit _____ Size _____

Draw faces

Crystal system _____ Data Collection Temp _____

Lattice Constants

a = _____ α = _____

b = _____ β = _____

c = _____ γ = _____

V = _____ Radiation _____

Diffractometer CCD/WS1 CCD/WS2 APEXII GADDS Other :_____

Space Groups (all possible) _____

Chosen space group :_____

Absorption type _____ Tmax _____ Tmin _____

Level of completion Data Collected Structure Solved Structure Refined Completed

User _____ contacted on date _____

Comments :