

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 :