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 :