

Caltech X-Ray Crystallography Facility

Sample Submission Form

Requester:* _____

Compound ID: _____ Date: _____

PTA: _____

Required if you have more than one or it has changed

Phone:* _____ **Advisor:** _____

Email:* _____

Minimum Data Quality Requested?*

Anything Connectivity (ID) Publication

Precautions:

Toxic Moisture sensitive:
 Air sensitive Light sensitive:
 Save sample Other: _____

Other analyses preformed:

EA IR MS NMR X-Ray

Analysis Requested:

Unit cell determination Data collection
 Complete structure determination
 Absolute or Relative configuration
 Other: _____

Crystallization Solvents:

All other solvents sample has come into contact with:

Synthetic Route or Starting Materials Used:

Unit cell of known compounds (include volume):

Proposed Structure:* Labeling scheme optional.

Proposed Chemical Formula:* _____

For Facility Use Only: Date: _____

Sample ID: _____

Operator: _____ Quality: _____

Xtal temp: _____ Exposure time: _____

Color: _____ Morphology: _____

Size: _____ x _____ x _____ mm

a: _____ b: _____ c: _____

α : _____ β : _____ γ : _____

Space group: _____ V: _____

Unit cell Collection Refinement

NC ID RD Billed: _____

Comments: