

CBC X-ray Crystal Structure Analysis Request Form

Name _____ Date _____

Supervisor _____

Supervisor's signature _____

Phone _____

Email _____

Your sample code _____

Air stable? Y ☐ / N ☐

Air/moisture sensitive? Y ☐ / N ☐

Solvent dependent? Y ☐ / N ☐

Other analyses performed:

NMR ☐ IR ☐ MS ☐ Elemental analysis ☐

Optical examination ☐

Other comments:

Reaction/Recrystallization solvents:

Molecular formula:

Proposed structure (including a numbering scheme):

For official use

Code _____ Crystal color: _____ Crystal shape: _____ Crystal dimns:

_____ T: _____ Crystal System/Sp. Gp: _____

Cell Data: a: _____ b: _____ c: _____ α : _____ β : _____ γ : _____

Vol: _____ z: _____ wR2: _____ R_1 (for all data): _____

Date completed: _____