

REQUEST FOR CRYSTAL STRUCTURE DETERMINATION

Proj Group

Log Number:			
Telephone Number:		Room Number:	
e-mail address		Submission Date:	
Name of Investigator and Supervisor:			
Investigators sample code:			
Empirical Formula (in full):			
Is the compound air sensitive?			
Do you need low T?			
How is the sample to be mounted?			
Possible impurities: (e.g. solvents used)			
Is the sample chiral and resolved?			
Is there any specific information needed?			
Do you want the sample back?			
Suggested Structure & Preferred Atom Numbering Scheme:			
State special hazards and precautions for sample and solvent.		Assumed: Normal precautions for handling of lab chemicals; no special risk.	
Signature: to confirm risk / hazard assessment			

Any special comments or alternate structures may be written on the reverse of this form.