Single Crystal Structure Analysis Request Form
X-ray Diffraction Laboratory
Department of Chemistry
National University of Singapore

XRD Lab Ref No: ____________________

ONE FORM PER SAMPLE. DO NOT LEAVE ANY BLANK.
Date of Submission: ____________________

Name of Student: ____________________ Tel Lab: __________ Mobile: __________ Email: ____________________

Name of the Supervisor: ____________________ Signature: ____________________ Email: ____________________

Name of Department/ Company: ____________________

Sample information:
Sample Code:(Maximum 8 Characters): ____________________ Chemical Formula: ____________________

Solvents for Crystal Growing: ____________________

Sensitivity Information:  Air: *yes□ No□ Light: *yes□ No□ Losing Solvent:*yes□ No□

Hazard Information: Toxic:*yes□ No□, Radioactive:*yes□ No□, Acidic:*yes□ No□, Explosive:*yes□ No□

Carcinogenic:*yes□ No□, Biological hazardous:*yes□ No□, Flammable:*yes□ No□

Any other risk: ____________________

Expected Structure (with atoms Numbering)/Reaction scheme (use the other side if necessary).

Other Information: Racemic □  Enantiopure □

Other Requests: Absolute configuration determination □

Unit cell determination: Same cell: To proceed for data collection□ Not to proceed: □

Unit cell: a: __________ b: __________ c: __________ α: __________ β: __________ γ: __________ Vol: __________

Optional Requests (e.g.: time limit): ____________________

For X-ray Diffraction Lab’s Staff: Crystal preliminary checked by: ____________________

Any additional information or request: ____________________

Analysis Information:

Crystal color: ________ Crystal shape: __________ Radiation: Mo/Cu Resolution: __________ Temp:100K/ __________

Mosaicity : ________ Size: __________ Diffraction: Good/ Not Good, diffract up to: __________


Refinement remark (Twin, disorder, others): ____________________

Date of completion and report: __________ Billing: Total measurement time: ________ Total refinement time: ________