

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: _____

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

Refinement remark (Twin, disorder, others): _____

Date of completion and report: _____ Billing: Total measurement time: _____ Total refinement time: _____