

Date: _____

Crystal Code : _____ (for X-ray Diffraction Lab only)

Name of the Student: _____ Phone: _____ E-mail: _____

Note to the analyst: If the crystal is weakly diffracting or twinned please do/do not proceed. Please use 5/10/____seconds exposure time **or** whichever one you feel appropriate for data collection. Data collection temperature: RT/-50°C/____ °C. After the data collection, please charge to the following account.*

Account to be charged: R-143-000-_____- _____

Name of the Supervisor: Prof. _____

Signature: _____

* The amount will be charged for the diffractometer time and liquid nitrogen cost (if used) irrespective of the outcome of the solution & refinement.

Sample information:

Sample Code:(Maximum 8 Characters): _____ Molecular Formula: _____

Recrystallization _____

Solvent(s): _____

Crystal Sensitivity: Air: *yes No Light: *yes No Losing Solvent: *yes No

Hazard Information: Explosive: *yes No Radioactive: *yes No Flammable: *yes No

Carcinogenic: *yes No ***Please tick at the appropriate box, do not leave any blank.**

Expected Structure (*with Numbering Scheme*)/Reaction scheme/Cell data for the related or suspected structures (*use the other side if necessary*).

Billing Information: Exposure Time: _____ Type of Data Collection: _____ Total Hrs: _____

Temp: RT/-50°C/____/-50°C LN₂ Charges (\$): _____ Service Charge(\$): _____

Total Charges (\$): _____ Ref No. & Date billed: _____

Crystal color: _____ Crystal shape: _____ Data Xtl dimns: _____

$\mu^* r$: _____ Tmax/min: _____ Xtl System/ Sp. Gp: _____

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

Date of Report: _____