

Caltech X-Ray Crystallography Facility

XRC Sample Submission Form

Requester:* _____

Compound ID: _____ Date: _____

PTA: _____

Required if you have more than one or it has changed

Phone:* _____ **Advisor:** _____

Email:* _____

Minimum Data Quality Required?* (Select One)

☐ Anything ☐ Identification (ID) ☐ Publication
Not Publishable

Precautions:

☐ Toxic ☐ Moisture sensitive:
☐ Air sensitive ☐ Light sensitive:
☐ Save sample ☐ Other: _____

Analysis Requested:*

☐ Unit cell determination
☐ Partial Collection (identification)
☐ Full Data Collection
☐ Structure Determination (we do everything)

☐ Absolute or ☐ Relative configuration
☐ Other: _____

Crystallization Solvents:

All other solvents sample has come into contact with:

Synthetic Route or Starting Materials Used:

Unit cell of known compounds (include volume):

Proposed Structure:* Labeling scheme optional.

Proposed Chemical Formula:* _____

For Facility Use Only: Date: _____

Sample ID: _____

Operator: _____ Quality: _____

Xtal temp: _____ Exposure time: _____

Color: _____ Morphology: _____

Size: _____ x _____ x _____ mm

a: _____ b: _____ c: _____

α : _____ β : _____ γ : _____

Space group: _____ V: _____

☐ Unit cell ☐ Collection ☐ Refinement

☐ NC ☐ ID ☐ RD Billed: _____

Comments: