

Single Crystal Structure Analysis Request Form

X-ray Diffraction Laboratory
Department of Chemistry
National University of Singapore

1) Services provided are purely for scientific purposes and cannot to be used in any court of law

2) One form per sample

3) Do not leave any blanks on the form

Date of Submission: _____

Name of Researcher: _____ Mobile: _____ Email: _____

Name of the Supervisor: _____ Signature: _____ Email: _____

Name of Department/Company: _____

WBS Number (For Non Chemistry Department samples): _____

Sample information:

Sample Code: (Include initials): _____ Chemical Formula: _____

Solvents for Crystal Growing: _____

Sensitivity Information: Air: Yes No Light: Yes No Losing Solvent: Yes No

Hazards Information: Toxic: Yes No Radioactive: Yes No Corrosive: Yes No

Carcinogenic: Yes No Biological: Yes No Flammable: Yes No

Explosive: Yes No Any other risks: _____

Expected Structure(s) (atoms numbering optional)/**Reaction scheme(s)**

Remarks on structure(s) and scheme(s): _____

Other Information: Racemic Enantiopure

Other Requests: Absolute Configuration Determination

Let me know when instrument is available for measurement (for sensitive samples)

Unit Cell Determination: Same Unit Cell: Proceed with Data Collection Not to Proceed

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

Other Requests: _____

Crystal color: _____ Crystal shape: _____ Radiation: _____ Measurement Temp: _____