**Request for Crystal Structure Determination**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Your Name |  | | | Extension |  |
| Lab. |  | | | Room Number |  |
| Compound Name (optional) | |  | | | |
| Proposed Chemical Formula | |  | | | |
| Sample Storing Condition  (temperature, air sensitivity, etc.) | |  | | | |
| Solvents Used for Crystallization | |  | | | |
| Proposed Structure: | | | | | |
| Remarks: | | | | | |
| Today’s Date |  | | Internal Name  For X-ray Lab. | |  |
| Index # |  | | Total Charge | |  |

\*Please leave the sample and this information sheet on the crystal mounting table.