**Request for Crystal Structure Determination**

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| --- | --- | --- | --- |
| 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.