

X-RAY CRYSTALLOGRAPHY FACILITY
DEPARTMENT OF CHEMISTRY
UNIVERSITY OF CALIFORNIA, DAVIS

SUBMISSION FORM FOR CRYSTAL STRUCTURE DETERMINATION

Name _____ Date _____

Research Group _____ Recharge # _____

Phone _____ Room # _____ Email _____

Your sample I.D. _____ Formula _____

Solvents present during crystallization _____

Sensitivity of the Sample (air, water, temperature) _____

Proposed structure (specify numbering scheme if it's important)

Synthetic pathway

Other possibilities for the crystal identity, including cell dimensions

Instrument _____ Filename _____ CSD search? _____

Save sample? _____

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