

Small Molecule X-ray Crystallography Facility – Application Form

Code:

Date:

(Internal Use Only)

Applicant Name	
Email	
Phone	
Advisor Name	
Account Number	
Own Substance Code	
Best Guess Structure (please append a chemdraw drawing of the expected structure and indicate your preferred atom-numbering scheme when possible)	
Chemical Formula	
Absolute Structure	<input type="checkbox"/> achiral or racemic compound <input type="checkbox"/> enantiopure compound
Other Analyses	<input type="checkbox"/> elemental analysis (please give results): <input type="checkbox"/> NMR <input type="checkbox"/> IR <input type="checkbox"/> MS <input type="checkbox"/> other (please give further details):
Crystal Color / Morphology	
Special Circumstances	<input type="checkbox"/> air sensitive <input type="checkbox"/> light sensitive <input type="checkbox"/> moisture sensitive <input type="checkbox"/> temperature sensitive <input type="checkbox"/> other (please give further details):
Starting Material(s), Reagent(s), Solvent(s) Used During Synthesis	
Solvent(s) Used During Crystallization	
Related Compound(s) & Relevant Literature	