

## Single Crystal Structure Analysis Request Form

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

XRD Lab Ref No: \_\_\_\_\_

**Services provided are purely for scientific purposes and are not to be used in any court of law**

**ONE FORM PER SAMPLE. DO NOT LEAVE ANY BLANK.**

Date of Submission: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Tel Lab: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Name of the Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Department/ Company: \_\_\_\_\_

### **Sample information:**

Sample Code:(Maximum 8 Characters): \_\_\_\_\_ Chemical Formula: \_\_\_\_\_

Solvents for Crystal Growing: \_\_\_\_\_

Sensitivity Information: Air: \*yes  No  Light: \*yes  No  Losing Solvent: \*yes  No

Hazard Information: Toxic: \*yes  No , Radioactive: \*yes  No , Acidic: \*yes  No , Explosive: \*yes  No

Carcinogenic: \*yes  No , Biological hazardous: \*yes  No , Flammable: \*yes  No

Any other risk: \_\_\_\_\_

**Expected Structure** (*with atoms Numbering*)/Reaction scheme (*use the other side if necessary*).

Other Information: Racemic  Enantiopure

Other Requests: Absolute configuration determination

Unit cell determination: Same cell: To proceed for data collection  Not to proceed:

Unit cell: a: \_\_\_\_\_ b: \_\_\_\_\_ c: \_\_\_\_\_  $\alpha$ : \_\_\_\_\_  $\beta$ : \_\_\_\_\_  $\gamma$ : \_\_\_\_\_ Vol: \_\_\_\_\_

Optional Requests (e.g.: time limit): \_\_\_\_\_

For X-ray Diffraction Lab's Staff: Crystal preliminary checked by: \_\_\_\_\_

Any additional information or request: \_\_\_\_\_

### **Analysis Information:**

Crystal color: \_\_\_\_\_ Crystal shape: \_\_\_\_\_ Radiation: Mo/Cu Resolution: \_\_\_\_\_ Temp: 100K/ \_\_\_\_\_

Mosaicity: \_\_\_\_\_ Size: \_\_\_\_\_ Diffraction: Good/ Not Good, diffract up to: \_\_\_\_\_

Cell Data: a: \_\_\_\_\_ b: \_\_\_\_\_ c: \_\_\_\_\_  $\alpha$ : \_\_\_\_\_  $\beta$ : \_\_\_\_\_  $\gamma$ : \_\_\_\_\_ Vol: \_\_\_\_\_

Refinement remark (Twin, disorder, others): \_\_\_\_\_

Date of completion and report: \_\_\_\_\_ Billing: Total measurement time: \_\_\_\_\_ Total refinement time: \_\_\_\_\_