

Sample Submission Form for Single-Crystal X-Ray Diffraction at IAAC

Date of submission _____

Sample name _____

Name _____

Group/Lab _____

Cost center _____

Project No. _____

Phone No. _____

E-Mail address _____

Requested measurement

Determine Unit Cell

Complete measurement

Full service measurement

What should happen,
if your sample is known?

Synthetic route and proposed structure

Measurement No. _____

Measurement Date _____

Operator _____

Device: D8C D8K

Way of measurement:

Determine Unit Cell

Complete measurement

Full service measurement

Cell/Comments:

a _____ α _____

b _____ β _____

c _____ γ _____

V _____

Space group

About the Sample

Chiral

Air sensitive

Light sensitive

Enantiopure

Moisture sensitive

Temperature sensitive

All solvents used _____

Molecular formula _____

For any questions regarding samples or for sample submission, please contact Lisa-Marie Wagner (34104/B134) or Christian Würtele (34103/B131)