

Single Crystal Structure Analysis Request Form
X-ray Diffraction Laboratory Department of Chemistry
Mississippi State University

Date of Submission:

Name of Student:

Email:

Name of the Supervisor:

Signature of the supervisor:

Email:

Name of Department/ Company:

Sample information:

Sample Code:(Maximum 8 Characters):

Chemical Formula:

Solvents used:

Sensitivity Information:

Air: yes / no

Light: yes / no

Losing Solvent: yes / no

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

Other Information: Racemic / Enantiopure

Absolute configuration determination required: yes / no