

Pitt Chemistry Dept. X-Ray Lab

X-Ray Sample Submission Form

NOTE: Submit only one crystal per form. Complete entire form; failure to fill out all information may result in a delay for your structural analysis.

Your Name: _____ Phone: _____

E-mail Address (if any) _____ Research Group/Affiliation: _____

Date Submitted: _____ Room Number: _____

Molecular Formula (**no abbreviations**) : _____

Solvent(s) used in crystallization: _____

Is the molecule Chiral? _____ Air Sensitive? _____ Temperature Sensitive? _____

Racemic Mixture? _____ Low Melting Point? _____ Loses Solvent? _____

Compound Description: _____

Special Instructions, Precautions, or any aspect of the structure (a particular stereocenter, absolute configuration, etc.) which is of particular interest: _____

Please indicate below the proposed structure; and include any specialized numbering if desired. If you have no proposed structure, give the reaction leading to the submitted sample.

ACCOUNT NUMBER _____

YOUR SAMPLE NUMBER (if any) _____ X-RAY Sample Number: _____ X-RAY File Name: _____