

X-ray Diffraction Facility, CSB 117
 Single-crystal Structure Determination Request
andrei@email.arizona.edu, 621-9968

| | | |
|--|--|-------------------|
| Name | Department | Supervisor |
| | | |
| Telephone | E-mail | Date |
| | | |
| UA Account number or External Billing Information | | Your sample label |
| | | |
| Chemical formula | Is the compound expected to be chiral? | |
| Known hazards or special handling requirements | | |
| | | |
| Is the unit cell or space group known? If so, indicate below: | | |
| | | |
| Proposed molecular structure: Please also list any solvents, ions, or other components of the crystallization mix | | |
| | | |
| (laboratory use only) | | |
| Assigned dataset and project codes | Handled by | |
| | | |
| Amount billed | Billing Date | |
| | | |