

Request Form for Crystal Structure Determination

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Name: _____ Date: _____ Tel: _____ Location: _____

Advisor: _____ BC User Name: _____

Service Level: _____ (full, data only).

Original sample ref. number: _____

Chemical formula:
(required)

Chemical Name:

Density (if known): _____ (g/cm³)

Draw structure (label all Chiral centers)

Is the sample Chiral? _____ Racemic? _____ air sensitive? _____ water sensitive?
light sensitive? _____