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| **FOR X-RAY USE ONLY** | X-ray code: |

**REQUEST FOR SINGLE CRYSTAL**

**STRUCTURE DETERMINATION**

Researcher: Supervisor:

Email: Date:

Your sample code [must be clearly marked on container]:

Location of sample [if not in X-ray lab]:

Molecular formula [at least an approximate formula is required]:

Line drawing of expected structure:

[include specific numbering scheme if required, and indicate any known stereocentres]

Sensitivities of the compound: air/temperature/desolvation/other [specify]:

Solvents used in recrystallization [specify separately for different crystallisation solvent conditions]:

Other solvents used in preparation:

Is an absolute structure determination needed [resolved chiral/enantiopure compounds]:

Is data-collection at a specific temperature required [specify]?

**Account code [required]:**

**Signature** [required - must be authorised on this account]:

[Signature not required if blanket permission given by PI]

**Are multiple data-collections authorised [required]? yes/no**

Is structure solution and refinement by the service wanted [default is yes]? **yes/no**

**FOR X-RAY USE ONLY** Mo: Cu: Mini: