



TEXAS TECH UNIVERSITY™

STRUCTURE CODE

REQUEST FOR SINGLE CRYSTAL X-RAY STRUCTURE DETERMINATION

PLEASE COMPLETE THE NON-SHADED SECTIONS OF THE FORM

Submitter		Sample Code	Date Submitted
Email/Telephone/Room			
Molecular Formula		Molecular Weight	
Account Manager		FOP	
Account Manager's Signature			
Method of Preparing Material		Drawing of Expected Structure (including preferred numbering, if needed)	
Crystallization Method and Solvents			
Absolute Configuration? <input type="checkbox"/>			
Unit Cell Only <input type="checkbox"/>	Data Collection Only <input type="checkbox"/>	Refined Structure <input type="checkbox"/>	
Comments and Hazard Details			
Air Sensitive? <input type="checkbox"/>		Loses Solvent? <input type="checkbox"/>	
Instrument	Date Collected	I =	
Crystal Habit			
Cell Information/Notes			
Sample preparation (\$5) <input type="checkbox"/>	Data – Mini (\$15) <input type="checkbox"/>	Data – Bruker (\$25) <input type="checkbox"/>	
Unit cell (\$10) <input type="checkbox"/>	Routine solution (\$25) <input type="checkbox"/>	Complex solution (\$50) <input type="checkbox"/>	
Total Charge	Completed	Operator's Signature	