UCR ACIF X-Ray Crystallography Facility

Advisor: _____ **Submitter Name:** _____ **Date:** _____

Sample ID: _____ **Account** (required for new users): _____

Analysis Requested:

⬜ Full structure determination and report
⬜ Data collection only
⬜ Unit cell determination ⬜ Face indexing ⬜ Quick ID
⬜ Absolute configuration
⬜ Redo, previous X-Ray ID: _____

Other Requests:

Proposed Structure: (include atom labeling/numbering scheme if desired; synthetic route optional)

Proposed Chemical Formula: _____
(include counter ions; when not known exactly, give approximate C and H counts plus all heteroatoms)

Crystals Grown from (method and solvent): _____
Other Solvents used: _____

Sample Handling

⬜ Not stable at Room Temperature
⬜ Photo-sensitive
⬜ Air-sensitive
⬜ Moisture-sensitive
⬜ Loses solvent (please supply in mother liquor)
⬜ Return unused sample
⬜ Toxicity
⬜ Other: _____

Facility Use Only

Crystal color/shape: _____
Size (mm): _____ x _____ x _____
a: _____ b: _____ c: _____
α: _____ β: _____ γ: _____
Bravais: _____ V: _____
Anode: ⬜ Mo ⬜ Cu

Exposure time (s): _____
Sample temp (K): _____
Detector Distance (mm):____
Resolution (Å):_____
Frame width (°):_____
Redundancy:_____
Sets and Modes: _____

Operator: _____
X-Ray ID: _____
Charge type: _____
Amount: _____
Billed on: _____
Comments: