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|  | **X-RAY DIFFRACTION LABORATORY**  SCHOOL OF CHEMISTRY |

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| **SINGLE CRYSTAL X-RAY DIFFRACTION SERVICE** | | |
| ID sample\*: | Internal code\*\*: | Date\*:    **\_\_\_\_\_\_ / \_\_\_\_\_\_ /\_\_\_\_\_\_** |

*\*Please include the ID sample on your vial label \*\*Completed by who receives the sample*

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| **USER INFORMATION** | | |
| **SCHOOL OF CHEMISTRY** | **SAMPLE WITHIN UCD** | **INDUSTRY** |
| Submitter’s name: | | |
| Supervisor: | | |
| Grant N⁰: | | |
| Industry (if apply): | | |
| E-mail: | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DIAGRAM a** | **SAMPLE INFORMATION** | | | | | | | | |
| *If you have a labelling order of your preference, please add.* | Formula: |  | | | | | | | |
| Colour: |  | | | | | | | |
| Crystallization’s solvent |  | | | | | | | |
| Toxicity | Y |  | | N |  | Unk | |  |
| Light Sensitive | Y | |  | | N | |  | |
| Air Sensitive | Y | |  | | N | |  | |
| Chiral Samples | Y | |  | | N | |  | |
| Racemic Sample | Y | |  | | N | |  | |
| Comments: | | | | | | | | |
| Signature of Grant Holder: | | | | | | | | | |