

Request for XRAY-Analysis

Group:		Date:	
Name:		Sample ID:	
Email:		Tel.:	
Sum formula:		Return Sample?	
Crystallized from:		Melting point:	
Absolute configuration needed? (enantiopure?)		Sensitive Sample?	

Proposed structure (Please provide Synthesis with Solvents and Reagents):

Do not fill in anything below this line!

Measured by:

Date:

Measurement-Number:

Frames/Exposition time/Experiment time:

Abnormalities: