

X-ray Data Collection Request Form

Name:

Affiliation:

Address:

Phone:

E-mail:

· Sample composition (elementary formula): _____

· Type of sample: (single crystal or polycrystal/powder): _____

· Dimensions of sample(s): linear dimensions (mm) of single crystals; volume (mm³) of polycrystalline samples: _____

· Issues concerning sample stability: hygroscopy, thermal or photo decomposition; storage conditions required:

· Sample availability (specify date when sample will be available): _____

· Dangerous samples (specify possible danger in storage or handling):

· Sample environment required for data collection (specify sample temperature in the range 30-300K for single crystals or 80-300K for polycrystalline samples):

· Wavelength required (typically Mo or Cu Ka is used, the former for single crystals and the latter for polycrystalline samples): _____

· Indicate need for determination of absolute configuration in the case of chiral molecules or specify it, if already known:

· Proposed schedule for the experiment: _____

· Please specify if the data collection will be used for industry research: _____