



## X-RAY DIFFRACTION LABORATORY SCHOOL OF CHEMISTRY

### SINGLE CRYSTAL X-RAY DIFFRACTION SERVICE

|             |                  |                              |
|-------------|------------------|------------------------------|
| ID sample*: | Internal code**: | Date*:<br>____ / ____ / ____ |
|-------------|------------------|------------------------------|

\*Please include the ID sample on your vial label

\*\*Completed by who receives the sample

### USER INFORMATION

|  |  |                                   |
|--|--|-----------------------------------|
| SCHOOL OF CHEMISTRY <input type="checkbox"/> | SAMPLE WITHIN UCD <input type="checkbox"/> | INDUSTRY <input type="checkbox"/> |
| Submitter's name:                            |  |                                   |
| Supervisor:                                  |  |                                   |
| Grant N°:                                    |  |                                   |
| Industry (if apply):                         |  |                                   |
| E-mail:                                      |  |                                   |

### DIAGRAM <sup>a</sup>

*If you have a labelling order of your preference, please add.*

### SAMPLE INFORMATION

|                           |   |  |   |   |     |
|---------------------------|---|--|---|---|-----|
| 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: