## **Small Molecule SC-XRD Sample Submission Form**

XRD Lab Project ID: \_\_\_\_\_

re-Experiment information		
Name:	Research Group or Class:	
Email:	Room #:	Phone #:
Date:		
Purpose(s): □Class Project □Paper □Presentation	n □Proposal	☐ Characterization (no intent to publish
Sample Name:		
Chemical Formula:		
Sketch of Anticipated Molecular Structure:		
Synthetic route or source of sample:		
Crystallization procedure:		
Solvent(s):		
Does your submitted sample contain any hazardous mat	erial(s)? no [	☐ yes☐ *If yes include SDS
Is your sample: □Air Sensitive □Moisture Sensitive	e □Heat sensi	tive □Cold sensitive
xperimental Information		
$\square$ Crystal 1 size: x mm <sup>3</sup> / Sha		
☐ Crystal 2 size: x mm³ / Sha		
☐ Crystal 3 size:x mm <sup>3</sup> / Sha		
$\square$ Crystal 4 size: x mm <sup>3</sup> / Sha		
$\square$ Crystal 5 size: x mm <sup>3</sup> / Sha		
X-ray Source: ☐Mo ☐Cu Temperature:		
Target resolution(Å): Exposure time	(5).	Fast Scan Time(s):