

# X-ray Crystallography Submission Form

Date: \_\_\_\_\_

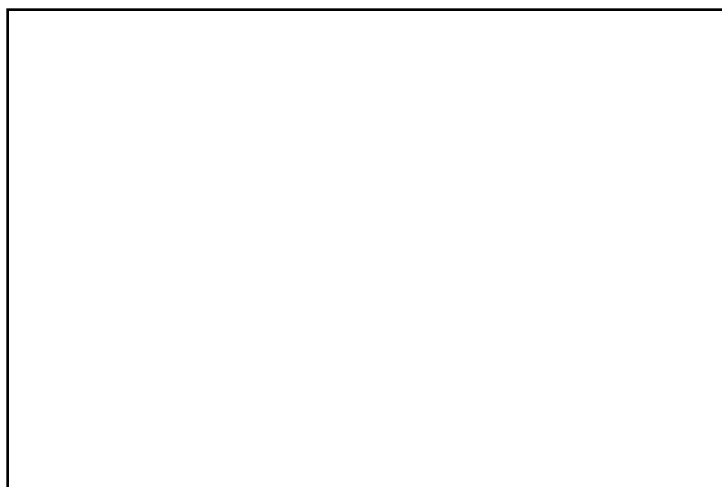
Name: \_\_\_\_\_

Research Advisor: \_\_\_\_\_

Your Sample ID #: \_\_\_\_\_

Chemical Formula: \_\_\_\_\_  
(C<sub>x</sub>H<sub>y</sub>...)

Expected Structure:



What Solvents were used?

Is the Molecule Chiral?

Special Handling Instructions?

---

X-ray Lab ID #

Date Examined \_\_\_\_\_

Notes