



The Ohio State University
X-ray Crystallography Facility
Evans Lab, Room 023
88 W. 18th Avenue
Columbus, OH 43210
Office: (614) 292-8058

Facility Use Only:

Data Parameters: _____

Temperature: _____

Xtal Color / Habit: _____

Xtal Size: _____

Name: _____ Date: _____

E-mail: _____ Lab Location: _____

Group/PI/Company: _____ Phone #: _____

Sample/Notebook ID: _____ Req. or P.O.#: _____

Reaction: (Include all solvents and reagents used)

Proposed Structure: (Numbering scheme optional)

Recrystallization solvents/method used:

Sample Information and Instructions:

Molecular Formula: (No abbreviations)

Sample Stability: (Check all that apply)

- air sensitive hygroscopic
 pyrophoric explosive
 light sensitive temp. sensitive

Special Instructions/Warnings:

- Absolute Stereochemistry

Compare to Previous X-ray Structure:

X-ray ID: _____

Sample Disposition:

- Save & Return Diffracted Crystal
 Save & Return Unused Sample
 Dispose

Services Requested:

- Complete X-ray Data Collection, Analysis, and Report
 PXRD Service – Step Size: _____ ° Scan Time Per Step: _____ (s) 2-Theta Range: _____ - _____
 Crystallization Service. Known Solubilities: MeOH EtOH CH₂Cl₂ EtOAc Acetone THF DMF DMSO

Other: _____