

Single Crystal XRD Requestion Form

The University of Texas at Dallas

Name:

Date:

UTD Email:

Affiliation:

Name of the PI:

Sample code:

Cost center code:

*Proposed structure/reaction scheme:

*Solvent(s) used:

*Molecular formula (*if known*):

Unit cell dimensions (*if available*):

Space Group (*if available*):

Please specify if the crystal is sensitive:

Data code (*leave blank*):

Crystal dimension (*leave blank*):

Service required:

- Cell parameters
- Cell & space group
- Intensity data collection for structure solution
- Full analysis

Columns marked * must be filled to ensure quick processing of samples.

For enquiry:

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