

Request Form for Crystal Structure Determination

Dr. Bo Li
Director, X-ray Crystallography Facility
Merkert 209B, Department of Chemistry, Boston College

Tel: 617-552-1815 (Office)
617-552-8729 (Lab)
Email: bo.li.5@bc.edu

Name: _____ Date: _____ Tel: _____ Location: _____

Advisor: _____ BC User Name: _____

Service Level: _____ (full, data only).

Original sample ref. number: _____

Chemical formula:
(required)

Chemical Name:

Density (if known): _____ (g/cm³)

Draw structure (label all Chiral centers)

Is the sample Chiral? _____ Racemic? _____ air sensitive? _____ water sensitive?
light sensitive? _____ or temperature sensitive? _____

What solvent(s) was the sample crystallized from?

What information do you hope to get?

-----Do Not Write Below (Official use only)-----

Crystal size : _____ mm × _____ mm × _____ mm	Crystal shape/color _____
Scansets: Number of Omega scan sets _____	Number of Phi Scan Sets _____
Total number of Frames Collected _____	Time for each frame _____
Total elapsed time for data collection _____	Project name _____
Unconstrained cell constants a _____ b _____ c _____ α _____ β _____ γ _____ V _____ Overall R_{sym} from m.l.s file _____	
Total Charge _____	Comments: _____