University of Kansas – Molecular Structures Group
Small Molecule X-Ray Facility
Sample Submission Form

Person Submitting Sample:_____ **Date:**_____

Your Sample Reference Code: _____ **X-ray Lab Code:**_____

Room Number & Building: _____ **Telephone Number:** _____

Faculty Advisor:_____ **Your E-mail:**_____

Color of sample when submitted:_____

To your knowledge, is this sample: Air-stable:_____ Air- sensitive: _____

Moisture Sensitive: _____ Light or radiation sensitive: _____ Sensitive to Solvent Loss:_____

Other characterization methods used: NMR [ ]; MS [ ]; IR [ ]; MP [ ]

List all solvents used in the reaction and during recrystallization: _____

_____

Molecular Formula of Sample:

Sketch of proposed structure and any preferred atom labeling scheme:

Preliminary Findings: