

Sample Submission Form  
Complete *all* fields!

Name:

Advisor:

e-mail:

Recharge No. :

Phone:

Date:

Return sample:  yes  no

Signature authorizing work & payment

Reaction/Proposed Structure (show any preferred numbering scheme):

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Proposed formula:

Crystal color/habit

Solvent of crystallization:

Other solvents used:

Crystallization method (be specific):

Unit cell dimensions of possible known products: