

X-ray Crystallography Service

Laboratory A4-19
Joseph Black Building
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Extn: 3214



University of Glasgow | School of Chemistry

Service Sample Ref

2015GU

Name:

Your Sample Ref :

E-Mail:
Lab and Extn:

Supervisor:

Expected molecular formula

Crystal Colour, description, approx. size

If more than one morphology please indicate which crystals are of interest (please submit one form per morphology to be examined)

Preparative scheme: including all solvents used and expected structural formula with desired numbering scheme:**Please give unit cell parameters of possible contaminants, starting materials or alternative products if known**

Requirements of the structure determination (e.g. determine structure, relative or absolute configuration, connectivity)

Data collection temperature: 100 K

100K unless otherwise requested – please give reasons

Sample location if not in lab A4-19:

Sensitive to:

Air Water Light Solvent loss **COSHH Information:****Chemical name or description of sample** (e.g. organic amide)**Name of Solvent** (if in mother liquor)**Chemical Hazard Information & Packaging (CHIP2) Please tick all those that apply**Oxidising Extremely flammable Highly flammable Dangerous to environment Explosive Very toxic Toxic Corrosive Harmful Irritant **Any other Hazards NOT covered above**

Signature:

Date: