

University of Delaware X-ray Crystallographic Sample Submission Form

Date/Time _____

Name _____

Advisor/Affiliation _____

Phone Number _____

Email _____

Your Sample Label _____

Air Stable Y / N _____

Other Analyses Performed
NMR IR MS _____

Enantiomerically Pure Y / N _____

Other
Comments

Synthetic Route:

Reaction/Re-crystallization
Solvents:

Proposed Structure:

(Feel free to include a numbering scheme)