Notre Dame X-ray Structure Work Order

Name:____First____Last____ Date Submitted:____/____/____ Phone/Extn:____

Professor:____ Room:____ User Code:____

e-mail:____ Account Number:____

Proposed Chemical Formula:____

Sensitive: ☐ Air ☐ Water ☐ Light ☐ Temperature

Proposed Structure (*including counterions and solvents used*)

For X-ray Facility Use

X-ray Code:____

Time On:____ Date On:____/____/____ Unit Cell from Data Collection

Time Off:____ Date Off:____/____/____ No. Reflections:____

Temperature:____K 2θ(min) = ____ 2θ(max) = ____

Crystal Size:____ × ____ × ____mm a = ____ α = ____

Crystal Color:____ b = ____ β = ____

Crystal Habit/Shape:____ c = ____ γ = ____

☐ Unit Cell Determination V = ____ R(int) = ____

☐ Data Collection; Frame Time:____sec Integration Resolution:____Å

☐ Duo- Mo ☐ Duo - Cu ☐ Kappa –Mo Absorption Correction:____

☐ APEX -Mo ☐ Synchrotron: λ ____ T(min):____ T(max): ____