Please fill out this sample submission form as completely as possible. Every sample must be accompanied by a form. Forms can either be printed and sent with the samples, or emailed to Dr. Diane Dickie ([dad8v@virginia.edu](mailto:dad8v@virginia.edu)) before samples are received. The label on the form must match the label on the sample container. Default data collection temperature is 100 K.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sample label**: | | | | |
| **Contact Name(s)**: | | | **Contact Email(s)**: | |
| **Contact address**: | | | | |
| **Proposed Molecular Formula**: | | | **Crystal color**: | |
| **Sample properties (select all that apply)** | | | | |
| Air-sensitive | Moisture-sensitive | Light-sensitive | | Thermally unstable |
| Stable under ambient conditions | | Other: | | |
| **Desired Service** | | | | |
| Data Collection + Structure Solution/Refinement | | Data Collection only | | |
| **Solvents used during synthesis and recrystallization**: | | | | |
| **Detailed reaction scheme and sketch of proposed product**: | | | | |
| **IUPAC name (optional)**: | | **Melting point (optional)**: | | |
| **Special instructions**: | | | | |

**X-Ray Lab Use Only**

|  |  |  |
| --- | --- | --- |
| X-ray Lab Label: | | |
| Date Received: | Date Collected: | Date Data Sent: |
| Instrument and radiation used: | | |
| Resolution: | Temperature: | Scans: |
| Disordered | Twinned | Squeeze |
| Comments: | | |