

**Department of Chemistry
North Carolina State University
X-ray Structural Facility**

Structure Determination Request Form

Name _____ **Date** _____

Address _____

Phone _____ **Email** _____

Account Number _____ **Authorized by** _____

Billing Contact Person _____ **Phone** _____

Service Requested (check all that apply)

- Structure Determination and Refinement**
- Data Collection**
- Unit Cell Determination**
- Other (specify)**

Formula (element symbol and count, NO abbreviations) _____

Expected Structure
(with desired numbering scheme)

Sample Properties

- Moisture Sensitive**
- Air Sensitive**
- Light Sensitive**
- Loses Solvent**

X-ray Facility Use Only

Charges: _____

X-ray Facility ID: _____

Temperature: _____

Scan Angle/Frame: _____

Date Run: _____

Scan Time/Frame: _____