****

**Request for XRAY-Analysis**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group:** |  | **Date:** |  |
| **Name:** |  | **Sample ID:** |  |
| **Email:** |  | **Tel.:** |  |
| **Sum formula:** |  | **Return Sample?** |  |
| **Crystalized from:** |  | **Melting point:** |  |
| **Absolute configuration needed? (enantiopure?)** |  | **Sensitive Sample?** |  |

**Proposed structure** (Please provide Synthesis with Solvents and Reagents):

Do not fill in anything below this line!

Measured by: Date:

Measurement-Number:

Frames/Exposition time/Experiment time:

Abnormalities: