

XRD Sample submission form**

*Requester Name:	*Submission date:
*Advisor/PI:	*Email:
*Sample ID:	Phone #:

*Synthetic Route or starting Materials:
Reaction Solvents:

*Proposed structure: (sketch or ChemDraw, insert as image)
*SUM Formula: (expl. C _n H _m A _h B _k Cl _l .); Solvents for crystallization

*Please select the XRD service from drop-down menu:

*Select from drop-down what is applicable for your sample:

- * EHS defined hazards for your sample (select all that apply, always at least two!)
- | | |
|-------------|-----------------|
| Radioactive | Carcinogen |
| Toxic | Explosive |
| Bio-active | Volatile, Gasos |
| Corrosive | Flammable |
| Irritant | |

XRD FACILITY USE ONLY BELOW

Experiment name:	Collection date:	
Collection temperature:	Color and shape:	
Radiation type:	Crystal size:	
Structure (if different than proposed):	Pre_exp Exposure time	
	Space group	
	# of Runs: / #of Frames	
	Exposure time L/H angle	
	Comments/Special Refinement Details:	

* Mandatory fields.

**Make sure you accept the XRD lab policies before submitting samples for analysis link: <https://sites.utexas.edu/chem-x-ray/xrd-lab-policies/>

***Use PDF Adobe Acrobat to fill out the form, using Browser will not allow you to edit this form correctly.