

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. $C_nH_mAhBkCl_{\dots}$):
*Solvents for crystallization:

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

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

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EHS defined hazards for your sample (select all that apply, always at least two!)	Radioactive Toxic Bio-active Corrosive Irritant	Carcinogen Explosive Volatile, Gasos Flammable
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Signed by PI:
 (or by Submitter)

* Mandatory fields. Incomplete forms will be returned to the submitter.

*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.

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:	