

UT XRD Core Facility

MicroED Sample Submission Form

1. User Information

Name:	<input type="text"/>
Institution/Department:	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>
PI/Advisor:	<input type="text"/>
Billing/Account Number:	<input type="text"/>

2. Project Information

Project Title/Short Description:	<input type="text"/>
Funding Source/Grant #:	<input type="text"/>
Intended Use of Data:	<input type="text"/>
Confidentiality request?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Sample Information

Sample Name/Identifier:	<input type="text"/>
Chemical Class/Description:	<input type="text"/>
Molecular Weight (if known):	<input type="text"/>
Approximate Crystal Size (nm– μ m):	<input type="text"/>
Number of Samples Submitted:	<input type="text"/>
Sample Form:	<input type="checkbox"/> Powder <input type="checkbox"/> Suspension <input type="checkbox"/> Pre-mounted grid <input type="checkbox"/> Other
Sample Hazard Information:	<input type="checkbox"/> None <input type="checkbox"/> Toxic <input type="checkbox"/> Biohazardous <input type="checkbox"/> Radioactive

3b. Proposed Structure (*)

Sum Formula:

Please use the space below to sketch or paste the proposed structure: