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**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: