

CONTACT INFORMATION

 Name: _____ E-mail: _____ Phone #: _____
 Advisor: _____ Office: _____ Date: _____

****Disclaimers: Sample purity is paramount. Liquid samples will not be measured unless researcher can provide NMR information proving sample purity and absence of solvent****

SAMPLE INFORMATION

Sample Code: _____ Location of Sample: _____ Operator: _____

 Air stable Air and moisture sensitive Toxic Freezing Point Range: _____ (Temp. at which sample is solid)

 Other analyses performed: NMR IR EA Mass Spec I will need my sample back Sample can be consumed

 Indicate all solvents the compound has been exposed to: acetone / MeCN / benzene / CHCl₃ / CH₂Cl₂ / DMF / DMSO / EtOH / MeOH / ether / EtOAc / THF / hexane / pentane / toluene / H₂O / deuterated solvents / or specify: _____

SYNTHETIC ROUTE (Show the reaction, indicate the starting materials, desired compound, and byproducts if known):
PROPOSED STRUCTURE (Please assign a labeling scheme):

Proposed molecular formula (No abbreviations): _____

_____ (Internal use only) _____

CRYSTAL INFORMATION

Experiment #: _____

Size: _____ x _____ x _____ mm color: _____ habit: _____ notes: _____

CRYSTALLOGRAPHIC INFORMATION

 Crystal system: triclinic monoclinic orthorhombic tetragonal cubic trigonal hexagonal Lattice: _____

Space group: _____ a = _____ Å; b = _____ Å; c = _____ Å; α = _____ °; β = _____ °; γ = _____ °

 V = _____ Å³ Z = _____ μ = _____ mm⁻¹; % Completeness: _____ Min. and max transmission: _____ / _____

 Manual Technique OHCD Laser Freezing Point: _____ Melting Point: _____ Collection Temp.: _____

NOTES: