

UPenn X-ray Crystallography Facility

Requester Name:	Submission Date:
Advisor:	Email:
Sample ID:	Phone #:

Synthetic Route or Starting Materials:	Proposed Structure:
Reaction Solvents:	
Reaction Solvents.	Formula:
	Crystallization Solvents:
	Absolute Structure Required? (Chiral?)

FACILITY/USER USE ONLY BELOW

Collection Date:	
Color and Shape:	
Size:	
Pre-exp Exposure Time:	
Detector Distance:	
# of Runs:	# of Frames:
Collection Exposure Time:	
Comments/Special Refinement Details:	
	Color and Shape: Size: Pre-exp Exposure Time: Detector Distance: # of Runs: Collection Exposure Time