



TEL AVIV UNIVERSITY **אוניברסיטת תל-אביב**
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Sample Submission Form

Person Submitting Sample: _____	Date: _____
Your Sample Reference Code: _____	X-ray Lab Code: _____
E-mail: _____	
Room Number & Building: _____	Tel.: _____
Department: _____	Group: _____
Color and shape of sample when submitted: _____	
Air-stable /air-sensitive: _____ Moisture sensitive: _____	
Light or radiation sensitive: _____ Sensitive to solvent loss: _____	
Other characterization methods used: NMR; MS; IR	
Sample Empirical Molecular formula:	
List all solvents used in the reaction and during crystallization: _____	
Sketch of anticipated structure and any preferred atom labeling scheme:	
Preliminary Findings: _____	
Special handling Instructions: _____	
Budget number: _____	Signature of authorized researcher: _____

Total:

Comments: