X-Ray Diffraction Facility
Room G31
School of Chemistry
University of Leeds
0113 34 36536
www.chem.leeds.ac.uk/school/facilities/x-ray

Dr. Chris Pask Room G61f School of Chemistry University of Leeds 0113 34 **34658** c.m.pask@leeds.ac.uk

## Sample Submission Form

Please complete the following and submit this form and the labelled sample to Chris Pask

T icase co	implete tilt	e following and sublint this form and the labelled	i sample to chi is i ask
Your Name			
e-mail			
Sample Code			
Account Number		<b>Submission Date</b>	
Lab./Office No.		Telephone	
Is the sample air se	ensitive?	Solvent dependent	?
Hazards of the Sam			·
Expected structure.			
Please also include reaction scheme, solvents of crystallisation and any other useful information.			
Ermostod Formula			
Expected Formula			
Other details e.g. porosity, phase transitions, unusual properties etc			
Supervisor			
name & signature			
X-ray facility signat	ture		
For X-ray use only			
Date Received		Sent cif?	
Date collected		Sent tables?	
Temperature (K)		Archived?	
Dataset No.			
Notes		<u>,                                      </u>	