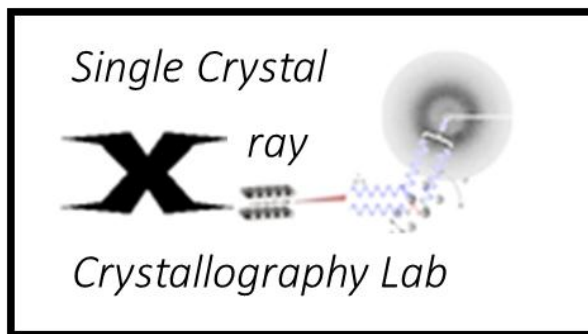




**Ben-Gurion University
of the Negev**



Single Crystal X-ray Diffraction Services

Date: _____ Name: _____

Name of Supervisor: _____

Contributed user

Budget Number: _____

Tel: _____ Room Number: _____

Email: _____

Name of Compound: _____ Compound Code: _____

Molecular Formula of Compound: _____

Solvent of Crystallization: _____

Amount of Sample: _____ Physical Description: _____

Predicted Molecular Structure:

Sensitivity of Compound: Light / Air / Moisture / Other: _____

Toxicity of Compound: _____

Please prepare file for publication in: _____ (Name of the journal)

I am aware and agree to include crystallographer name as a coauthor in publication (for full analysis).

Additional Comments or Requests: _____

Operator: _____ File number (logbook#): _____

Comments on Microscope Examination of the Crystal: _____

Date of Data Collection: _____

Crystal Size: _____ Temperature: _____

Space Group: _____ Z value: _____

Unit Cell Parameters: _____

R_{int} : _____ R_1 : _____