



The University of Jordan

Department of Chemistry

X-ray Facility



Application Form

Code:

Date:

Requester Name		Advisor Name	
Email		Advisor Signature	
Substance Code		Chemical Formula	
Sample source	<input type="checkbox"/> Faculty of Science <input type="checkbox"/> The University of Jordan <input type="checkbox"/> Other, Bill No.: <input style="width: 150px; height: 20px;" type="text"/>		
Best Guess Structure (Please: Draw a reaction scheme and include all solvents, reagents and by-products)			
Solvent(s) Used During Crystallization		Crystal Color / Morphology	
Absolute Structure	<input type="checkbox"/> achiral or racemic compound <input type="checkbox"/> enantiopure compound		
Sample stability (check all that apply)	<input type="checkbox"/> air sensitive <input type="checkbox"/> light sensitive <input type="checkbox"/> temperature sensitive <input type="checkbox"/> save remaining sample?		<input type="checkbox"/> hygroscopic <input type="checkbox"/> pyrophoric <input type="checkbox"/> moisture sensitive <input type="checkbox"/> loses solvent?
	<input type="checkbox"/> Special Instruction/warnings (please give further details):		
Service requested	<input type="checkbox"/> Unit cell determination <input type="checkbox"/> Data collection only <input type="checkbox"/> Full analysis <input type="checkbox"/> Low Temperature		
Department of Chemistry Chairman signature		Facility-Instructor signature	
Please Leave below empty (For crystallographer only)			
a	b	c	α
β	γ	V	Z
Space Group		User	
Notes	signature		