

Request for Crystal Structure Determination

UM# _____

Submission Date: _____
Specimen Name: _____
PI Name: _____
E-mail/Phone: _____
User: _____
E-mail/Phone: _____
Organization: _____
Depart/Division: _____
Address: _____

UMD FRS# _____
CreditCard/PO# _____
Expiration date: _____
PI signature: _____
Billing contact: _____

Graphic/Structural Formula (if known)

- Unit Cell & Identification
 Data Collection ONLY
 Check Preliminary Structure
 Full Structure Determination
 Full Report & Check CIF

MoK α CuK α
 Drybox Capillary
 Temp.[-123°C] _____
 max 2 θ [55°] _____
 Other: _____

Empirical formula:
Solvents, Reagents, Stability, etc.

Single Crystal Services ^a	Time ^b	x	Charges
1. Equipment Usage:			
a Mounting & Screening /set ^c	1		
b Data Collection (up to 24 h) /crystal	15		
c (50% rate after 24h) /hour	1/2		
2. Assistance:			
a Mounting & Screening /set	1/2		
b Unit Cell & Identification /cell	1/4		
c Integeration/Preparation /cell	1/4		
d Disposing Samples /sample	1/2		
e Special handling /hour			
3. Structure Determination:			
a Solving Structure /structure	1/2		
b Structure Refinement /structure	1 1/2		
c Full Report+CIFcheck /structure	1/2		
4. Other Surcharges:			
a Complex Structure(>150) /atom	1/40		
b Disorder, Constraints /atom,const	1/20		
c Twins, Modulation. /twin,dim	1/2		
d Figures,analysis,consulting /hour			

Comments:

Diffractometer: Apex2, Smart1000, Proteum
 Experim. Date: _____ Temp.: _____

Total:

Date: _____

^a Base rates are provided on request. ^b This column shows typical/minimal rates expressed in hours. ^c up to 4 crystals.