

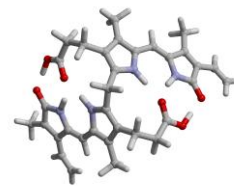
Sample Submission Form (Please use one form for each sample and leave the first row* blank)

Received*	Log In	1 st Exam	1 st Outcome	Final Outcome	Radiation	Our Ref (Please quote in all correspondence)
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SMALL MOLECULE X-RAY CRYSTALLOGRAPHY SERVICE

School of Biological and Chemical Sciences,
Francis Bancroft Building, Lab G30, Mile End Road, London E1 4NS UK
Telephone: 020 7882 8126 Fax: 020 7882 7427 E-mail: xservice @qmul.ac.uk



Name:	Your Ref :
Supervisor:	Grant code:
E-mail address:	Additional Comments:

Other people who should be credited with work on this sample
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Expected empirical formula:	Type of experiment: The standard experiment is one data collection at 120K. If you require a non-standard experiment please give details here. (e.g. different temperature, multiple data sets) or on an attached sheet.
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Preparative scheme, including all solvents used and expected structural formula

All additional comments including any crystallographic data should be recorded on a separate A4 sheet attached to this form.

Special storage instructions:

Sensitive to:	Air <input type="checkbox"/>	Water <input type="checkbox"/>	Light <input type="checkbox"/>	Solvent loss <input type="checkbox"/>
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COSHH Information: Please Note Your sample will NOT be accepted unless this section is fully completed	
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Brief description of sample (e.g. organic amide)
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Name of Solvent (if in mother liquor)

Chemical Hazard Information & Packaging (CHIP2) Please circle all those that apply

O <input type="checkbox"/>	F+ <input type="checkbox"/>	F <input type="checkbox"/>	N <input type="checkbox"/>	E <input type="checkbox"/>
Oxidising	Extremely flammable	Highly flammable	Dangerous to environment	Explosive
T+ <input type="checkbox"/>	T <input type="checkbox"/>	C <input type="checkbox"/>	Xn <input type="checkbox"/>	Xi <input type="checkbox"/>
Very toxic	Toxic	Corrosive	Harmful	Irritant

Any other Hazards NOT covered above

Signature:	Date:
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