

# Application Form for Analysis of the Crystal Structure

Analysis submitted

Name		Analysis Request Day		Submitted Date	
Name of Lab	Dept. Lab. (Instructor: )				
Contact Information	Extension : E-Mail :				

As the analysis client, please fill in only bold-faced frame.

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As the analysis client, please fill it out about the item of the bold-faced & under bar part.

Acceptance Number	<b>Name</b>	<b><u>Department, Graduate course</u></b>	<b><u>Name of Lab</u></b>	<b><u>Name of Instructor</u></b>	<b><u>Contact Information</u></b>

Accepted Date	Date of Analysis	<b><u>Resources for Payment</u></b>	Person in Charge
		<input type="radio"/> Budget from the University	
	~	<input type="radio"/> Other Fund	Seal

# X-ray crystallography (V a r i M A X)

## Crystal Information (Measurement Request)

Please fill in only bold-faced frame.

No.

Accepted Date	Name of Lab	Name
Name of Sample		Molecular Formula
Name of Solvent for the Crystallization		Temperature ( If request )
Attention in the Sample Handling		
Chemical Structure		

The following is entry-free.

Measured Date	Directory for the Measurement Data	Crystal Condition	Solvent Condition
Color of the Crystal	Color of the Liquid	External Form	
Sampling Procedure			
Details			
Date of Return	Directory for the Analysis	Analytical Result	
Others			