**Application Form for VariMAX Measurement Request**

No.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The following is entry-free. | | | | | |
| Name |  | Use Due Date |  | Submitted Date |  |

* Use time is until 12:00 of the next day at 12:00.（Any sample is very OK.）
* You cannot make next reservation until one reservation is over.
* When you understand that it takes measurement more than 24 hours beforehand, please fill in the necessary days. Only when it takes it with 1 sample more than 24 hours, it is possible to continue it more than 12:00 of the next day.（Prior consultation is necessary.）
* When you make a reservation, please submit the application form after you confirm there is no

reservation on the use due date.

* When you cancel it, you should e-mail it.
* If you reserve again after you cancelled once、you must submit the application form again.
* After VariMAX use, please fill in a matter necessary for the use list.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Acceptance Number | **Name** | **Department, Graduate course** | **Name of Lab.** | **Name of Instructor** | **Contact Information** |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Check Date of the Crystal | Accepted Date | Use Date | **Resources for Payment** | Person in Charge |
|  |  |  | * Budget from the University * Other Fund |  |
| ～ | Seal |

**X-ray crystallography（ＶａｒｉＭＡＸ）**

**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 | | | | | | | | | |

**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.**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Acceptance Number | **Name** | **Department, Graduate course** | **Name of Lab** | **Name of Instructor** | **Contact Information** |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Accepted Date | Date of Analysis | **Resources for Payment** | Person in Charge |
|  |  | * Budget from the University * Other Fund |  |
| ～ | Seal |