

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	<u>Name</u>	<u>Department, Graduate course</u>	<u>Name of Lab.</u>	<u>Name of Instructor</u>	<u>Contact Information</u>

Check Date of the Crystal	Accepted Date	Use Date	<u>Resources for Payment</u>	Person in Charge
		~	<input type="radio"/> Budget from the University <input type="radio"/> Other Fund	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">Seal</div>

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			

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

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