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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |