

Vassar College Single Crystal X-ray Diffraction Facility Sample Submission Form
Vassar College, Department of Chemistry
Poughkeepsie, NY 12604

Please fill out this form and include with your sample.

Date: ____ / ____ / ____

Researchers: _____

Email: _____

Sample name/code: _____

Proposed formula: _____

Solvents used in crystallization: _____

Reaction conditions: _____

Air/moisture sensitive: Y / N

Please draw the proposed structure in the space below.