

SINGLE CRYSTAL X-RAY DIFFRACTION FACILITY
School of Pure & Applied Physics-MG University, Kottayam

REQUISITION FOR SINGLE CRYSTAL X-RAY DATA COLLECTION

User Information

Date:

Name:

Designation:

Affiliation:

Address for communication:

Bill to be address to:

Phone Number:

E-mail Address:

Certified that the sample submitted belong to the user mentioned above. I agree to acknowledge the usage of the facility in all publications arising out of the usage of the SC-XRD facility. The details of publications will be intimated to SPAP.

Name and signature of the person responsible for the payment:
(HOD/Principal/Guide/Managing Director)

Office Seal

Sample Code:

Molecular formula (if known):

Solvent used for crystallization:

Unit cell dimensions (if available):

Space Group (if available):

Sensitivity to moisture, light heat, X-rays:

*Proposed structure:

Service required:

- (a) Cell parameters
- (b) Cell & space group
- (c) Cell & intensity data collection for structure solution
- (d) Full analysis

Columns marked * must be filled to ensure quick processing of samples. Reports will be released only after payment is received

Remarks:

For Enquiry: Single Crystal XRD Facility
School of Pure & Applied Physics
M G University, Kerala-686560
Contact Person Vidya L 8289863541