

## Request Form for Crystal Structure Determination

Dr. Bo Li  
Director, X-ray Crystallography Facility  
Merkert 209B, Department of Chemistry, Boston College

Tel: 617-552-1815 (Office)  
617-552-8729 (Lab)  
Email: bo.li.5@bc.edu

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Tel: \_\_\_\_\_ Location: \_\_\_\_\_

Advisor: \_\_\_\_\_ BC User Name: \_\_\_\_\_

Service Level: \_\_\_\_\_ (full, data only).

**Original sample ref. number:** \_\_\_\_\_

**Chemical formula:**  
(required)

Chemical Name:

Density (if known): \_\_\_\_\_ (g/cm<sup>3</sup>)

Draw structure (label all Chiral centers)

Is the sample Chiral? \_\_\_\_\_ Racemic? \_\_\_\_\_ air sensitive? \_\_\_\_\_ water sensitive?  
light sensitive? \_\_\_\_\_