

# Single Crystal XRD Request Form

*Fill the form and send the sample with this form to: Hongshan He, Ph.D., Dunbar 157, Department of Chemistry and Molecular Department, North Dakota State University, Fargo, ND 58105.  
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## YOUR NAME AND ADDRESS

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## BILLING CONTACT PERSON

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## SERVICE REQUESTED

A: Data collection:

B: Unit cell determination

C: Structural determination and refinement

D: Other (please write below)

## DESCRIPTION OF EXPECTED STRUCTURE

A: Sample Name: \_\_\_\_\_

B: Composition: \_\_\_\_\_

C: Sample Properties:

Moisture sensitive

Air sensitive

D: Expected structure (please draw a structure below)