

SCrAPS

Service Crystallography at Advanced Photon Sources

Please complete all requested information. The APS Experiment Safety Approval Form is available at, <http://www.aps.anl.gov/xfd/tech/esafwww/esaf.html>. Information about safety training and requirements can be found at, http://www.aps.anl.gov/Safety_and_Training/

SCrAPS code: _____

Investigated by: _____

Crystallographer: _____

Telephone: _____

Email: _____

Address : _____

Sample provided by: _____

Sample name: _____

Anticipated empirical formula: _____

(Include a picture or drawing.)

Anticipated cell constants: _____

Color, size, morphology: _____

Your sample code: _____

Your Funding NSF DOE NIH Other: _____

Please describe briefly the problem you encountered using a regular lab source:

Special needs

desired Wavelength, Å _____ desired Temperature, ° C: _____

Store sample: in Refrigerator in Freezer under N₂

Solvents: Not present Possibly present

Present; List all solvents: _____

Sample stability:

Stable in open container at 25° C Looses solvent Air sensitive Water sensitive

Special instructions: _____

Special precautions*: _____

*Please mention any potential or known hazards. Attach separate sheet if needed.