



**Booking time:** Please email Dr. Reza Latifi ([reza.latifi@okstate.edu](mailto:reza.latifi@okstate.edu)) to reserve time slots for the use of x-ray diffractometer.

**Booked Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Lab Location:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Group/PI:** \_\_\_\_\_  
**Sample ID:** \_\_\_\_\_ **X-ray ID:** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_ **PI signature:** \_\_\_\_\_

**Reaction** (include all solvents and reagents used):

**Proposed Structure** (numbering scheme optional):

Note: draw out and define all non-standard ligands

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**Crystallization method** (include all solvents used):

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**Sample Information:**

**Molecular Formula** (no abbreviations):

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**Sample Stability** (check all that applies):

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|------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Air sensitive   | <input type="checkbox"/> Hygroscopic        |
| <input type="checkbox"/> Pyrophoric      | <input type="checkbox"/> Use glove box only |
| <input type="checkbox"/> Light sensitive | <input type="checkbox"/> Temp sensitive     |
| <input type="checkbox"/> Explosive       | <input type="checkbox"/> Radioactive        |

**Special instructions/warnings:**

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Sample Characterized by:

|                              |                                           |                             |                                 |
|------------------------------|-------------------------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> NMR | <input type="checkbox"/> EPR              | <input type="checkbox"/> IR | <input type="checkbox"/> UV/Vis |
| <input type="checkbox"/> MS  | <input type="checkbox"/> Element analysis |                             |                                 |

**Element analysis:**

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**Fee Rates:****Single Crystal XRD:**

|                                      |                                                          |
|--------------------------------------|----------------------------------------------------------|
| Full structure solution and CIF file | \$75 internal, \$150 external academic, \$300 commercial |
| Data set only                        | \$50 internal, \$100 external academic, \$200 commercial |
| Unit cell determination              | \$25 internal, \$50 external academic, \$100 commercial  |

**Powder XRD:**

\$10/hour internal, \$25/hour external academic, \$50/hour commercial

**Acknowledgement:**

The crystallographer should be considered for co-authorship when the structural information is an important part of the paper and structural information has been derived mainly from the diffraction data. The crystallographer will help completing the X-ray part of the experiments and reviewing the manuscript. If structure determination was used only to confirm information obtained by other means (NMR, MS, etc.) and no structural details will be given in the paper, only acknowledgment is more appropriate, i.e. we acknowledge the Department of Chemistry X-ray Diffraction Facility and Dr. Reza Latifi for his help with structure determination.