|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| X-Ray | Laboratory for Analysis of Bioactive Compounds  **Laboratory of X-ray Structural Analysis IOC PAS**  Kasprzaka 44/52 St., 01-224 Warsaw, Poland  lab. **04** phone: (022**) 343-22-07** | Numer zlecenia  ………………..........  Data wykonania  ……………….......... | Operator | Czas |

**REQUESTOR**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name and Surname | |  IChO client  external client  Team/Institution | | | | | Signature of authorized person | | |
| PICK UP RESULTS   e-mail:  …………………………………………….......... | | |
| Phone | | Payment (grant number) | | | | |
| **SAMPLE DATA** | | | | | | | | | |
| Sample code | Chemical structure | | | | | | | | |
| Molecular formula |
| Solvent |
|  Sample for returning |
| **Research objectives** | | | | | | | | | |
| **Only measurement** | | |  | Hydrogen bonds | | | | |  |
| Structure confirmation | | |  | Conformation | | | | |  |
| Geometry of the molecule | | |  | Relative configuration | | | | |  |
| Absolute configuration | | |  | Low temperature measurement | | | | |  |
| **Structure confirmed by research:** | | | NMR | | IR | MS | | Elemental Analysis | |
|  | |  |  | |  | |
| Comments & remarks | | | | | | | | | |