

Analysis Form Xray			Gerät	Status	Laufnr.
Name	Group	Phone	Date		
Email-adress					
Priority (Signature of the group leader)					
Elemental formula			Sample (Lab) code		
Sensitivity of the sample (mark concerning)					
Hygroscopic <input type="checkbox"/> Oxygen <input type="checkbox"/> Light <input type="checkbox"/> Loses solvent <input type="checkbox"/> Explosive <input type="checkbox"/>					
Existent analytics (mark concerning, please attach analytics)					
Elemental analysis <input type="checkbox"/> NMR <input type="checkbox"/> MS <input type="checkbox"/> Other					
Measurement authorized (Analytics confirmed, signature of the group leader)					
Special remarks					
Supposed structure (Please specify last reaction step, starting materials and solvent!)					