

## Submission Form

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Date of submission: \_\_\_\_\_

Structural determination     Unit-cell determination     Test of cristallinity     Other

Sample identification: \_\_\_\_\_

Solvent used for crystallization: \_\_\_\_\_

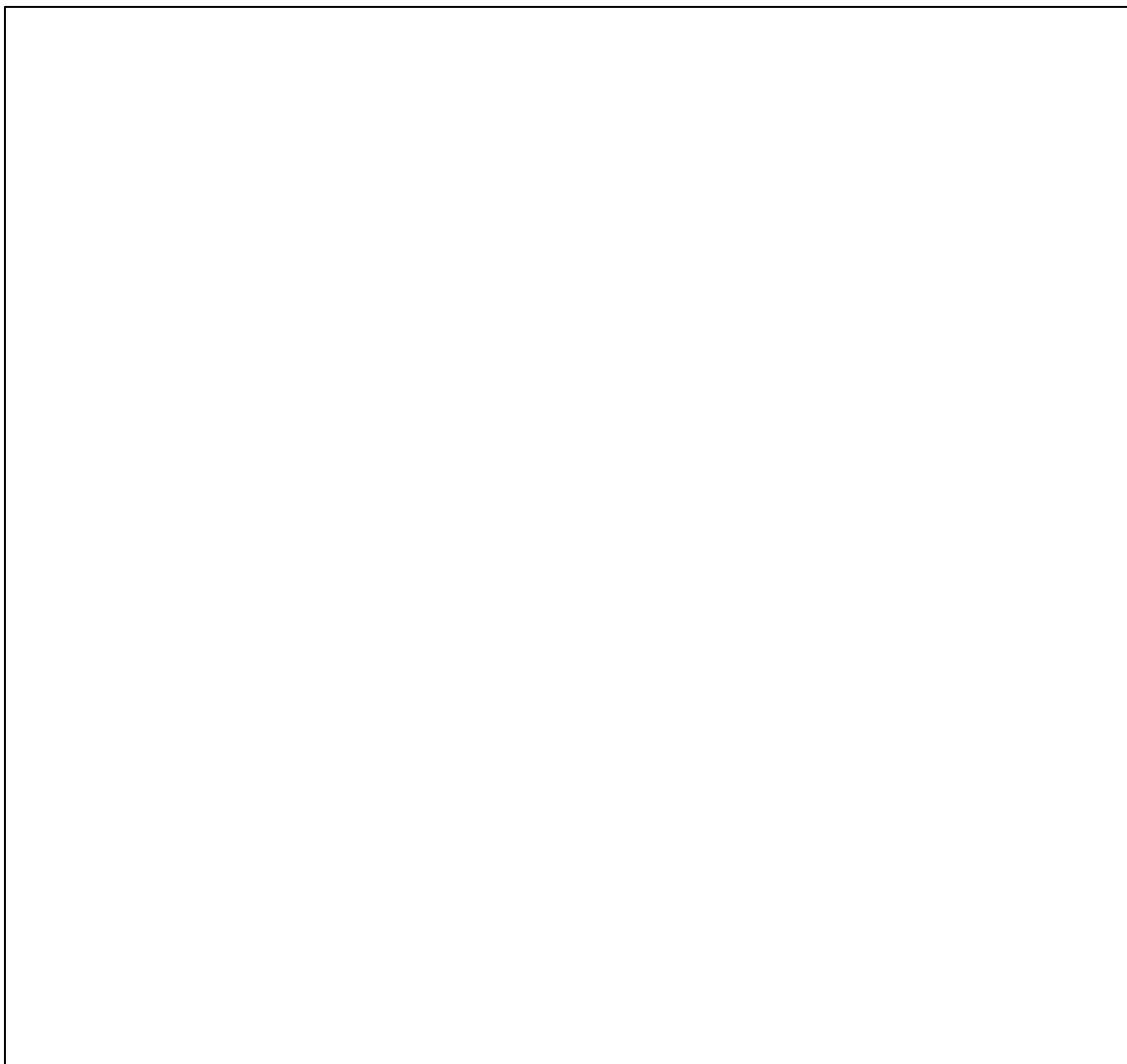
Sensibility:     Air                       Moisture                       Light                       Temperature

Sample is     Chiral                       Achiral                       Fragile

Additional information:  
\_\_\_\_\_  
\_\_\_\_\_

Compound formula: \_\_\_\_\_

Draw in the area below the compound formula, including the numbering scheme:



**For the laboratory only**

**CODE :**

**Recu le** \_\_\_\_\_

**Mesure :** \_\_\_\_\_

**Fini le** \_\_\_\_\_

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