



Laboratoire de diffraction des rayons X
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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: _____

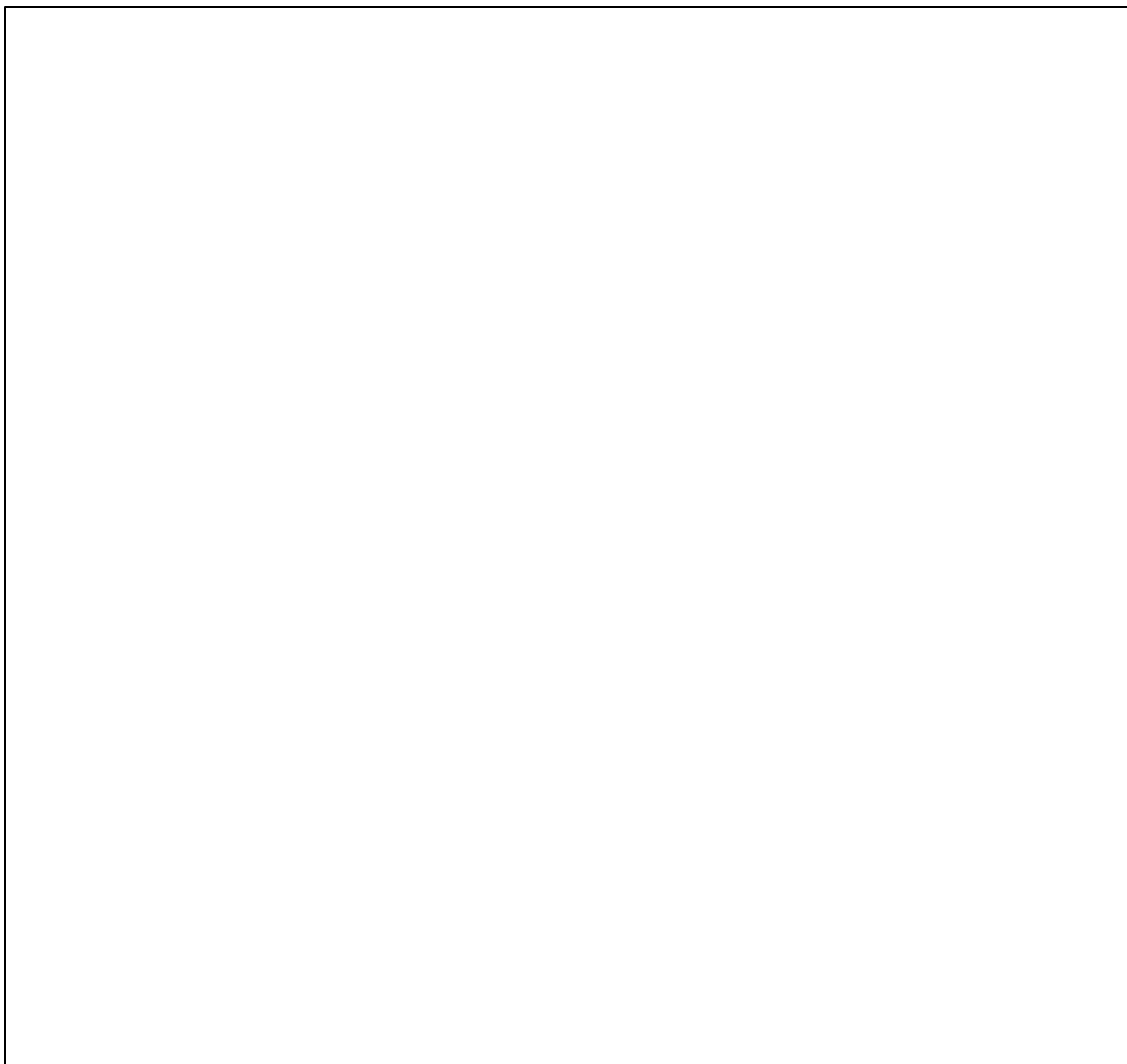
Sensibility: Air Moisture Light Temperature

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 _____
