



ANATS: 62069

JABATAN KIMIA
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 Tel.:03-89466776, Fax:03-89435380

MAKMAL SXRD
 Room No.: 101 BASL

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Maklumat/Information: 03-89466776

BORANG PERMOHONAN ANALISIS SXRD
(SXRD ANALYSIS APPLICATION FORM)

Name:		Department:		Date of Submission:	
Contact No.:		E-mail:		Vot. No.(UPM only):	
Supervisor & E-mail:				Your Sample Label: <i>(keep it simple)</i>	
Chemical Formula & MW:					
Appropriate supporting analysis :	¹ H NMR	YES / NO		Data Collection T(K):	X-ray: Cu / Mo
	¹³ C NMR	YES / NO			
	CHNS(O)	YES / NO			
Sensitivity (<i>air, water etc.</i>):			Is the Sample Chiral?: YES / NO		
			Is the Sample Racemic?: YES / NO		
Sample Colour & Shape:	Melting Point (°C):		Density (<i>if known</i>):		
Solvents used during preparation, crystallisation etc.:					
Proposed structure (indicate a preferred labelling scheme & labelled all chiral centres if any):					
<p>Note: Please include reaction scheme if possible</p>					

Note: Uncompleted form will NOT be processed.

KEGUNAAN PEJABAT / OFFICE USE			
Tarikh terima sampel <i>Date of Received</i>		Tarikh Analisis Lengkap <i>Date of Completion</i>	
Tandatangan & Cop Pegawai Bertugas <i>Signature & Stamp of Person In-Charge</i>			