# X Ray Crystallography Laboratory Sample Submission Form

## Instructions

Please provide the following information, which is intended to provide us with the necessary information for the project. If requested, acost estimate will be provided based on this information.

* **Type directly** onto to this Microsoft Word document; **it will expand as you type**, but please be concise, and please use 10 point Arial font for readability. **Please complete ALL sections.**
* Save the document as “Lastname - XCL Work Request” (without quotes) and submit it *electronically* to Dr. Elizabeth Hillard at elizabeth.hillard@ku.edu

## Work Request Parameters

| **Submission date** |  |
| --- | --- |
| **Your sample reference code**  |  |
| **Internal code (leave blank)** |  |

## Submitter Information

| **Name** |  |
| --- | --- |
| **Faculty advisor (if applicable)** |  |
| **Department and institution** |  |
| **Phone** |  |
| **Email** |  |

## Sample information

| **Color** |  |
| --- | --- |
| **Is the sample air-sensitive?** |  |
| **Is the sample sensitive to solvent loss?** |  |
| **Is the sample moisture sensitive?** |  |
| **Is the sample light/radiation sensitive?** |  |
| **Other characterization methods used****(e.g. NMR, MS, IR, MP)** |  |
| **List of solvents used in synthesis and crystallization** |  |

## Work Request Information

1. **Description of work requested:** Tell us exactly what you want us to provide. (e.g. *unit cell, data set, structure solution and refinement.*)
2. **Will personnel from your lab be involved** in any of the work being requested? If so, please explain how:
3. **Chemical information:** Please give the molecular formula of the sample as well as a sketch of the proposed structure and any preferred atom labelling scheme.
4. **Will the sample be retrieved by the submitter after measurement or disposed of by the XCL?**
5. **Special instructions/further information:**

Billing Information

| **Address Invoice(s) to (name)** |  |
| --- | --- |
| **Institution/Department** |  |
| **Mailing address/zip** |  |
| **Area code and phone #** |  |
| **Email** |  |

## Terms and Conditions

1. **Timing**. Requests are generally processed in the order received. If there is any "special" urgency or timing consideration, such as a looming grant application deadline, please explain here in detail.
2. **Authorship and acknowledgement policies.** Core Lab Directors and staff members often make significant intellectual or otherwise enabling contributions to the success of a research project, and recognition of these contributions is important. In such cases, it is expected that such individual(s) will be included as co-author(s) of all publications arising from or making use of the results obtained by the X-ray Crystallography Laboratory.
3. **Research support and billing information:**  The Protein Structure and X-Ray Crystallography Laboratory operates on a fee-for-service basis. Core Lab rates are the same for all clients. In other cases, F&A surcharges may apply. Acknowledgement and authorship are not substitutes for payment of the costs of the research/service that the cores provide.
4. **Guarantee**: The XCL guarantees to perform the work requested (i.e., to execute the client-provided or client-approved protocol) competently and faithfully, and to document steps accurately, but gives no guarantee of specific outcomes on research-like projects.