



**UCLA-DOE  
INSTITUTE**

CRYSTALLIZATION FACILITY  
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## CRYSTALLIZATION CORE RECHARGE FORM

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

LAB: \_\_\_\_\_

VOL: \_\_\_\_\_

SAMPLE: \_\_\_\_\_

CONC: \_\_\_\_\_

JCSG	PACT	PEG	SS12
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MPDS	INDEX	AMSO4	WIZARD
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PROPLEX	CRYSTAL SCREEN	MEMGOLD	HELIX
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PLATES    1        2        3        4        5        6        7        8        9        10  
             11       12       13       14       15       16       17       18       19       20

<u>SERVICE</u>	<u>YES</u>	<u>NO</u>	<u>NOTES</u>	<u>QUANTITY</u>
DLS READING	Y	N	30 uL of at least 2mg/mL is required for a reading	_____
ADDITIVE SCREEN	Y	N	96 additives added at 5% of total drop volume	_____
DETERGENT	Y	N	96 detergents added at 10% of total drop volume	_____
OPTIMIZATION	Y	N	Expansion of a condition which has formed crytals	_____
L-METHYLATION	Y	N	Contact beforehand for requirements	_____
3D PRINT	Y	N	Provide PDB code for consultation	_____

	<u>DROP RATIO</u>	<u>COLD ROOM</u>	<u>VORTEX</u>	<u>CENTRIFUGE</u>
PREFERENCES	Y	N	Y	N

## NEW USER AREA

PRINCIPAL INVESTIGATOR NAME: \_\_\_\_\_

RECHARGE ID NUMBER: \_\_\_\_\_

PRINCIPAL INVESTIGATOR SIGNATURE: \_\_\_\_\_