

Request for X-ray Powder Diffraction

Name: _____ Date: _____.

Tel: _____ Location: _____ Email: _____.

Major Advisor: _____ Department _____.

ACCOUNT NUMBER _____.

Original sample ref. number: _____ Location _____.

Specific Comments and instructions:

Safety Aspects: (Please attach a Material Safety Data Sheet (MSDS) for each substance. If an MSDS is not available, detailed information about danger of the substance is necessary.)

No radioactive powders and/or liquids.

<input type="checkbox"/> Without any risk	<input type="checkbox"/> toxic	<input type="checkbox"/> contaminated	<input type="checkbox"/> flammable
	<input type="checkbox"/> acidic	<input type="checkbox"/> oxidizing	<input type="checkbox"/> carcinogenic
	<input type="checkbox"/> biological hazard	<input type="checkbox"/> corrosive	<input type="checkbox"/> explosive

Other risks:

-----Do Not Write Below (Official use only)-----

X-ray Instrument number: _____.

Final results presented to (initials): _____ Date: _____.