



REQUEST FOR POWDER X-RAY DATA COLLECTION

PLEASE COMPLETE THE NON-SHADED SECTIONS OF THE FORM

Submitter		Sample Code		Date Submitted	
Email/Telephone/Room					
Account Manager				FOP	
Account Manager's Signature					
Compound Information – Can include molecular formula and weight, sample preparation information, expected phases, crystallite size estimates (and what the estimate is based on)					
Further Comments and Hazard Details:					
Air Sensitive? <input type="checkbox"/>		Loses Solvent? <input type="checkbox"/>			
DATA REQUIRED					
Powder Pattern <input type="checkbox"/>		Identification of Single Phase <input type="checkbox"/>		Identification of Multiple Phases <input type="checkbox"/>	
d-Spacing <input type="checkbox"/>		Percentage Crystallinity <input type="checkbox"/>		Crystallite Homogeneity/Size <input type="checkbox"/>	
Non-Standard Sample Stage:					
If the following details are not supplied, the defaults will be used.					
Parallel <input type="checkbox"/> or Bragg <input type="checkbox"/> Beam		2θ Range?	Step Width?		Step Time?
Instrument: Ultima III				Date Collected	
Operator's Notes, Requested Information					
Data collection (\$10/hour):		Data analysis (\$10/sample):			
Total Charge		Completed		Operator's Signature	