



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			
Sample preparation (\$5) <input type="checkbox"/>		Data collection (\$5/h):	Data analysis (\$10/h):
Additional operator assistance during data collection (\$5/h):			
Total Charge	Completed	Operator's Signature	