

For X-ray Diffraction Lab's staff

TEST NUMBER

DATE

TO BE COMPLETED BY THE USER

NAME	
E-MAIL	
TELEPHONE	
SUPERVISOR/GROUP	
CENTER/LABORATORY	
PROJECT/BILLING	

DATOS DE LA MUESTRA/S		
SAMPLE CODE OR NAME		
CHEMICAL FORMULA		
CRYSTAL STABILITY		
SAFETY PRECAUTIONS/HAZARDS		
SAMPLE RECOVERY AFTER MEASUREMENT. Indicate	YES (the samples are kept for 1 month)	NO

INDICATE TYPE OF TEST (mark with an X)

MEASUREMENT PARAMETERS			
INDICATE MICRO SOURCE USED	Cu	Mo	Ag
TEMPERATURE (K)			
REQUIRED TASKS	Cell parameters	Collect data	

COMMENTS

Signed by the person in charge or authorized person.