

**CSIC**

CONSEJO SUPERIOR DE INVESTIGACIONES CIENTÍFICAS

**icmm**

Instituto de Ciencia de Materiales de Madrid

**REQUEST FOR ANALYSIS  
X-RAY DIFFRACTION  
LABORATORY: POWDER**

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	

SAMPLE/S DATA			
SAMPLE CODE OR NAME			
CHEMICAL FORMULA			
CRYSTAL STABILITY			
SAFETY PRECAUTIONS/HAZARDS			
SAMPLE RECOVERY AFTER MEASUREMENT. Indicate	<table border="1"> <tr> <td>YES (the samples are kept for 1 month)</td> <td>NO</td> </tr> </table>	YES (the samples are kept for 1 month)	NO
YES (the samples are kept for 1 month)	NO		

**INDICATE TYPE OF TEST (mark with an X)**

POWDER XRD BY REFLECTION	
Diffractometer	Davinci (1)      Solx (2)      Thermo (3)
Parámetros de medidas	2θ <sub>i</sub> 2θ <sub>f</sub> STEP      Time per step(s)

POWDER XRD BY TRANSMISSION	
INDICATE CAPILLARY SIZE	1 / 0.5/ 0.3/ 0.1 mm diameter
INDICATE MICRO SOURCE USED	Cu      Mo      Ag

COMMENTS	
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Signed by the person in charge or authorized person.