Thin Film XRD Analysis Request Form

X-ray Diffraction Laboratory Department of Chemistry National University of Singapore

Services provided are purely for scientific purposes and are not to be used in any court of law

Name of the Student:	Phone:(Lab)(HP)E-mail:
Name of the Superv	visor: Prof/DrSignature:
Name of Department/ Company: Date:	
I) Sample informa	tion:
1. Sample ID:	
☐ Explosive und ☐ Carcinogenic ☐ Irritation to sk ☐ Others, specif	t chemical properties:- der shock/heat/pressure/contact with metals/others (specify) \[\textstyle \text{Toxic} \textstyle \text{Corrosive} \textstyle \text{Flammable} \textstyle \text{Teratogenic} \textstyle \text{Mutagenic} \textstyle \text{Harmful if inhaled} \\ \text{syle \textstyle \textstyle \text{Logenic}} \\ \text{bove:} \textstyle \text{Logenic} \text{Logenic} \text{Logenic} \\ \text{Logenic \text{Harmful if inhaled}} \\ \text{Logenic \text{Logenic}} \\ \text{Logenic} \\ \text{Logenic} \\ \text{Logenic \text{Logenic}} \\ \text{Logenic}
3. Sample Compone	ents:
1st layer	compound:Thickness:
2 nd layer:	compound:Thickness:
Substrate:	compound:
II) Measuring Par	ameters:
1. θ Angle : _	o
2. 2θ ranges:	From° to°
3. Step Size:	
4. Time per S	tep:
For X-ray Diffrac	tion Lab:
Date of analysis:	
Name of analyst:	

Total Machine Time:_____