## 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 cannot be used in any court of law

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Name of Student: _		Phone:	E-mail:	
Name of the Superv	isor: Prof/Dr		Signature:	
Name of Department/Company:			Date:	
WBS number (For N	Ion Chemistry Depart	tment Samples):		
I) <b>Sample informatio</b> 1. Sample ID:	on:			
2. Known/Suspect	chemical properties	3:-		
Irritation to ski Others, specify	n, eye, mucous meml	branes and/or upper re	togenic Mutagenic H espiratory tract	
1st layer	compound:	Thickness:	:	
2 <sup>nd</sup> layer:	compound:	Thickness	:	
Substrate:	compound:			
II) Measurment Par	ameters:			
1. θ Angle :	· · · · · · · · · · · · · · · · · · ·			
2. 2θ ranges (m	inimum 2°): From	° to	<u> </u>	
3. Step Size: _		°		
4. Time per Ste	p:			