



X-RAY DIFFRACTION LABORATORY SCHOOL OF CHEMISTRY

POWDER X-RAY DIFFRACTION SERVICE

Date *:

____ / ____ / ____

**Completed by who receives the sample*

USER'S INFORMATION

SCHOOL OF CHEMISTRY

SAMPLE WITHIN UCD

INDUSTRY

Submitter's name:

Supervisor:

Grant N^o:

Industry (if apply):

E-mail:

Observations:

No.	Name sample	Internal code*:	Colour:	Mass approx. (mg)	Sum Formula:	Θ Start-Stop(°)	Step (°)	Speed (°/min)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Signature of Grant Holder:
