

Request for XRD, XRR and LAUE Experiments & Analysis

Lab. Book # _____

Submission Date: _____

What information is expected from this study:

Your Name: _____

E-mail, Phone:*

Expected phases or list of possible chemical elements:

Advisor Name: _____

E-mail, Phone: _____

Signature: _____

Stability & other relevant properties of samples, etc.:

Organization: _____

Department: _____

Address: _____

KFS#, PO#, etc: _____

Experimental conditions if not standard:

Billing contact: _____

E-mail, Phone: _____

Signature: _____

* Items in italic are optional, in bold – mandatory. For more info check tooltips.

<input type="radio"/> D8 Advance	
<input type="radio"/> C2 Discover	
<input type="radio"/> X'Pert	
<input type="radio"/> LAUE	
Data & Images ONLY	
Data & Search-match	
Unit Cell Refinement	
Rietveld Refinement	
XRR/Pole figure	
Crystal Orientation	

2θmin [5°]: _____ °

2θmax [90°]: _____ °

2θstep[0.02°]: _____ °

Exposure [0.5] _____ sec

Time [0.6]: _____ hrs

Spin sample: Yes, No

Temperature: _____ C

Environment: _____

List sample names below and write # on the samples

#1
#2
#3
#4
#5
#6
#7
#8

FOR XCC USE ONLY

# Powder Diffraction Services ^a	Rate ^b	x	Charges
1. Equipment Usage:			
a Data Collection	/sample	1	
b Instrument time	/hour	1	
2. Operator assistance:			
a Sample Prep & Setup	/sample	1/4	
b Identif./Search-Match	/phase	1/4	
3. Supervising/Training:			
a Supervising Users	/month	1/4	
b Training (new users)	/user	3	
4 Advanced Analysis:			
a Ab initio Indexing	/cell	1	
b Unit Cell Refinement	/cell	1/2	
c Profile/Ful Pattern	/pattern	1 1/2	
d Quant. and Rietveld	/hour	3	
e Structure Determination	/hour	8	

Experiment Date: _____

Operator Comments and Notes

^a Base rates are provided on request.

^b This column shows typical rates expressed in hours

Total: _____ \$

Completed on: _____