

Powder X-ray Diffraction Analysis Request Form

Date: _____

SUBMITTED BY

Name: _____

E-mail address: _____

Direct Tel. No.: _____

Supervisor: _____

 School/Centre: *Tick all that apply.*

- Queen's University Belfast
- School of Chemistry and Chemical Engineering
- Other School _____
- External
- Almac Radox
- GLT Other _____
- MOF

- Individual Category:
- Undergraduate Practical/Project
 - Masters
 - Post-graduate
 - Postdoctoral
 - Staff
 - Other

DETAILS OF SAMPLE(S)

Type of Sample(s)

- Inorganic
- Ionic Liquid
- Organic
- Polymer












Previously submitted:

- Yes
No. of Times _____
- No

	Sample(s) (Maximum of 3)		
	1	2	3
Sample Code			
Sample Name			
Mol. Formula (if known)			
Sample Mass			
Impurities			

Additional Information: (e.g. Hygroscopic, charging) _____

SAFETY (Tick all that Apply) ASEP reserve the right to refuse to test samples if they pose a risk to our staff. The request may be forwarded to your supervisor.

										
Health Hazard	Toxic	Corrosive	Irritant	Flammable	Oxidising	Explosive	Compressed Gas	Dangerous for the environment	Biological	Radioactive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Recommended Safety Controls: _____

CHECKLIST If you are not able to CHECK all of the boxes below, please speak to a member of ASEP BEFORE submitting your sample.

- Sample(s) submitted in screw top vials
- Sample(s) are finely ground
- A maximum of 3 samples have been submitted
- All relevant information has been provided in this form

EXPERIMENTAL DETAILS

Experimental Method: (If not known, state unknown)	Additional details
<input type="checkbox"/> Scan type:	_____
<input type="checkbox"/> Continuous	_____
<input type="checkbox"/> Step-scan (provide additional details)	_____
<input type="checkbox"/> Scan Range:	_____
_____ °2θ to _____ °2θ	_____
<input type="checkbox"/> Step Size:	_____
_____ °2θ	_____
<input type="checkbox"/> Scan speed:	_____
_____ °2θ per second	_____

RESULTS (To be completed by the analyst)

Sample Number	1	2	3
ASEP Sample Code			
Results Emailed	Y / N	Y / N	Y / N

Results will be emailed to the person submitting samples using the e-mail address provided on this form.

N.B. You must collect your samples before you can submit any more.

Comments

Analyst

Date:
