



X-ray Diffraction Laboratory
Dept. of Chemistry, TAMU
ph: (979)845 -9125 fax : (9795-8184

Request for X-ray Powder Work

Name : _____ Date _____

Office number _____ Telephone _____ e-mail _____

Principle Investigator (Advisor) _____ Dept. _____

Account to be billed _____

Original Sample Number _____ Location _____

Instrument D-8 high rez. _____ D-8 low rez. _____

D-8 GADDS _____ SMART _____ (Mo radiation)

Is the information proprietary? _____ Yes _____ No

Comments :

X-ray Queue number _____ Project _____ Results presented to : _____ Date _____