



TESTING REQUISITION FORM X-Ray Diffractometer (XRD)_Non Ambient

Serial No: _____

		Office Use Only	
NAME		DATE OF SUBMISSION	
FACULTY/ UNIVERSITY/ COMPANY/ ADDRESS		REFERENCE NO.	JNC019/
TELEPHONE NO.		ASSIGNMENT UNIT	X-ray Hall
E-MAIL		SCIENCE OFFICER	

**SAMPLE TYPE: () POWDER

**AMOUNT OF SAMPLE: Min 3.0 gram for powder sample

NO	SAMPLE ID	SAMPLE DESCRIPTIONS	REMARKS
TOTAL =			

DESCRIPTION OF TEST REQUIRED	PARAMETER	
() DIFFRACTOGRAM ONLY	1) RANGE	
() PHASE ID IDENTIFICATION	2) TEMP RANGE (Max 700 °C)	
() MASS SPECTRUM (Add Charges)	3) SCAN INTERVALS	
() OTHER : _____	4) GAS FLOW (Add Charges)	

Additional Information :

MAK VALUE () Harmless () Toxic () Combustible () Irritating

Chemical Formula: _____(if not known,please list compounds @ elements potentially present)

For Office Use Only		
APPROVED BY SUPERVISOR :	SUBMITTED BY	STATUS
	Initial:_____	Completion date:
	SUBMITTED TO	____/____/____
NAME: DATE :	Initial:_____	