

REQUEST FOR SCINTAG X-RAY DIFFRACTION DATA ANALYSIS

Request from _____ Dept. _____ Advisor _____
 Date ____/____/____ Email _____ Phone # _____
 Fund Name _____ MOCODE _____ ACCOUNT _____
 Specimen phase/elemental composition _____
 Scan parameters: Starting angle _____ Ending angle _____ Increment _____ Time _____
 Output requested: Plot _____ d/I list _____ Standard search /match _____

Special Techniques & Requests (Request in advance necessary for group scheduling)

Low temperature ____ High Temperature ____ Thin Film analysis ____
 (User purchases heater strips, atmospheres limited)

Quantitative analysis ____	Trace phase-qualitative ____
Retained austenite ____	Trace phase-quantitative ____
Indexing ____	Preferred orientation analysis ____
Structure refinement ____	Refined lattice parameters ____
Crystallite strain anal. ____	Crystallite size analysis ____

SAMPLE	FILE NAME	I.D.	HOUR/PER SAMPLE	Comments
1.				
2.				
3.				
4.				
5.				
6.				
TOTAL SAMPLES			Total Hrs Estimate	Total Cost Estimate
			Total Hrs Final	Total Cost Final

Advisor Signature (approving work)

Date