

Request for Powder Structure Analysis.

Name \_\_\_\_\_ Date \_\_\_\_\_

P.I./Company \_\_\_\_\_

Address/Department \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ e-mail \_\_\_\_\_

Account to be billed or P.O. \_\_\_\_\_

Sample(s) Details

XRD ID # \_\_\_\_\_

Sample ID	Sample Description

Air sensitive  hygroscopic  pyrophoric  light sensitive  temp sensitive

Is the sample classified as HAZARDOUS?  Explosive  Radioactive

Sample disposition: Save and Return  Dispose of after analysis