

X-ray Diffraction Request Form

Applicant	
Date	Name
_____	Supervisor
Grant#	
NCMN <input type="checkbox"/> UNL <input type="checkbox"/> OUTSIDE <input type="checkbox"/>	Type of Work:    Screening <input type="checkbox"/> Unit Cell <input type="checkbox"/> Data set only <input type="checkbox"/> Structure det. <input type="checkbox"/> Low temp. <input type="checkbox"/> (specify) Other <input type="checkbox"/> (specify)

Material	
Chem. Composition	
Density:	I want my crystal(s) back    yes <input type="checkbox"/> no <input type="checkbox"/>
Sensitive to    air <input type="checkbox"/> moisture <input type="checkbox"/> other <input type="checkbox"/>	
Known/expected fragments	

**Important:** No service without Grant#.