

X-ray Diffraction Facility, CSB132

Powder X-ray Diffraction Request

andrei@email.arizona.edu

(520) 621-9968

Name	Department	PI
Telephone	E-mail	Date
UA Account to be billed:	Non- UA Billing Instructions	
Sample composition (include any handling instructions or hazards)		
Experiment desired: Please tell us what are you trying to find out?		
Sample ID	Archive location	
Instrument time:	Scientist time:	
Billing date:	Invoice amount:	