**DEPARTMENT OF PHYSICS**

**UNIVERSITY OF THE WEST INDIES**

**REQUEST FORM: X-RAY DIFFRACTOMETER**

|  |  |
| --- | --- |
| NAME: | CONTACT #: |
| COMPANY: | EMAIL: |
| BILL TO: | |

|  |
| --- |
| **GENERAL JOB INFORMATION / REQUIREMENTS** |
| **Date of request: \_\_\_/\_\_\_/\_\_\_** |
| **Number of samples to be submitted:** |
| **Source location of Sample(s) (if applicable):** |
| **Qualitative Analysis ⃝ Quantitative Analysis ⃝** |
| **Additional Information / Requests:** |

I hereby understand that it is my responsibility to:

* Provide adequate amounts of sample so that proper scans can be produced.
* Give correct and adequate details of the job I am requesting.
* Collect and/or dispose of any remaining samples after the required testing is completed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client

The Department of Physics provides a clean and secure environment for preparation, testing and archiving of samples and its resulting data.

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| **OFFICIAL USE BY DEPARTMENTAL REPRESENTATIVE ONLY** |
| Approval of Supervisor:  NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| RATES: Qualitative - $\_\_\_\_\_\_\_\_\_\_ per sample  Quantitative - $\_\_\_\_\_\_\_\_\_\_ per sample  TOTAL COST FOR JOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DEPARTMENT OF PHYSICS**

**UNIVERSITY OF THE WEST INDIES**

**JOB FORM: X-RAY DIFFRACTOMETER**

**(For Laboratory technicians to fill out)**

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| NAME OF CLIENT: | CONTACT #: |
| COMPANY OF CLIENT: | EMAIL: |

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| **JOB DETAILS / SPECIFICATIONS** |
| **Date of request: \_\_\_/\_\_\_/\_\_\_** |
| **Number of samples submitted:** |
| **Source location of Sample(s) (if applicable):** |
| **REFERENCE FILE NAME (FOR STORAGE):** |
| **Additional Information / Requests:** |

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| **OFFICIAL USE BY DEPARTMENTAL REPRESENTATIVE ONLY** |
| Approval of Supervisor:  NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DEPARTMENT OF PHYSICS**

**UNIVERSITY OF THE WEST INDIES**

**TECHNICIAN REPORT: X-RAY DIFFRACTOMETER**

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| **NAME OF CLIENT:** | **CONTACT #:** |
| **COMPANY:** | **EMAIL:** |

|  |  |
| --- | --- |
| **GENERAL JOB INFORMATION** | |
| **Date of request: \_\_\_/\_\_\_/\_\_\_** | **Date of job performed: \_\_\_/\_\_\_/\_\_\_** |
| **Number of samples submitted:** | |
| **Source location of Sample(s) (if applicable):** | |
| **Preparation Time of sample(s):** | |
| **Archiving Details/ File Save Reference Name:** | |
| **Attached Graphical Analysis:** http://www.clipartbest.com/cliparts/nTX/obj/nTXobjxEc.gif **YES** http://www.clipartbest.com/cliparts/nTX/obj/nTXobjxEc.gif **NO** | |
| **Report Information:** | |

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| **OFFICIAL USE BY DEPARTMENTAL REPRESENTATIVE ONLY** |
| NAME OF TECHNICIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DEPARTMENT OF PHYSICS**

**UNIVERSITY OF THE WEST INDIES**

**OFFICIAL X.R.D. REPORT: X-RAY DIFFRACTOMETER**

|  |  |
| --- | --- |
| **NAME OF CLIENT:** | **CONTACT #:** |
| **COMPANY:** | **EMAIL:** |

|  |  |
| --- | --- |
| **GENERAL JOB INFORMATION** | |
| **Date of request: \_\_\_/\_\_\_/\_\_\_** | **Date of job performed: \_\_\_/\_\_\_/\_\_\_** |
| **Number of samples submitted:** | |
| **Source location of Sample(s) (if applicable):** | |
| **Preparation Time of sample(s):** | |
| **Archiving Details/ File Save Reference Name:** | |
| **Attached Graphical Analysis:** http://www.clipartbest.com/cliparts/nTX/obj/nTXobjxEc.gif **YES** http://www.clipartbest.com/cliparts/nTX/obj/nTXobjxEc.gif **NO** | |
| **Report Information:** | |

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| --- |
| **OFFICIAL USE BY DEPARTMENTAL REPRESENTATIVE ONLY** |
| NAME OF SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |