



Bruker, D8- Advance P-XRD-Analysis request form (Internal)

School of Advanced Sciences (SAS)

Name of the Student : _____

Date: _____

Name of the Guide : _____

Tel No. _____

School : _____

Position : _____

E mail ID : _____

A maximum of THREE samples will be accepted at a time. Analysis will be carried out as per the queue. Samples should be collected back within a week of completion of the analysis otherwise they will be discarded.

S.No.	Sample Code	Sample is toxic/nontoxic	2 θ Range	Remark

- In the case toxic substances, nature of toxicity and precautions should be mentioned

Signature of the Student

Signature of the Guide

For Office use

Date:

Time:

Received on: _____

Analyzed on _____