Powder X-Ray Diffraction (PXRD)	**Document No.: SBMDC/Services/PXRD** **Revision No.: 2** **14/03/2024**

SECTION A: REQUESTOR'S INFORMATION

Submitter: Contact Number:

E-mail Address:

Institution/Company:

Address:

SECTION B: SAMPLE INFORMATION

Please tick ☑ the relevant box:

1. Storage Condition: ☐ Ambient ☐ Others (Please specify):
2. Relevant safety/handling information for hazardous samples:
3. Sample Disposal: ☐ Return sample after analysis ☐ Discard sample after analysis
4. Sample Type: ☐ Powder ☐ Others (Please specify):

Scan Range (2θ): From _____ to _____°, Step Size: _____°
Variable Temperature Analysis ☐

Step No	Temperature (°C)	Rate (°C/sec)

No. of Samples:

☐ Please check if the same analysis parameters are applied to all samples submitted.
Kindly ensure that each sample is clearly labelled with their respective sample ID of maximum 8 characters.

SECTION C: DECLARATION

I hereby agree to make payment for the charges incurred from the sample analysis performed.

Authorised Personnel:

Signature and Stamp: Date:

Company Registration No.:

Institution Account No./Grant No.:

Mode of Payment: ☐PO Number: ☐Others (Please specify):

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SECTION D: APPROVAL BY HEAD
☐Approved ☐Rejected Signature and Official Stamp: Date: Special Instruction:

SECTION E: ANALYSIS DETAILS (FOR INTERNAL USE ONLY)			
Date of Measurement		Analyst	
Reference No/File Code		Temperature	
Total Analysis Cost (RM)		Remark:	