

XRD ANALYSIS

The order with missing informations will be rejected!

ORDERING PERSON Employee UMK, PhD student, Student
name and surname

.....SIGNATURE

SUPERVISOR
name and surname

.....

Department.....

Payment PDB Grant No.: Other

DISPONENT OF PAYMENT:
name and surname

.....SIGNATURE

number of samples.....

scan range [°].....

counting time [s]

step size [°]

comments:
e-mail:

*The analysis requires samples in the form of powders – if the material is in a different
form, an e-mail or telephone consultation is necessary.*

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