

Measurement Order Sheet - PXRD

Name:	Date:
Group:	Room:
Phone:	Mail:
Sample(s):	Programs: <input type="checkbox"/> wide angle (20 ° - 80 °), WA/WW <input type="checkbox"/> short angle (0.5 ° - 5 °), SA/KW <input type="checkbox"/>
Remarks:	Use: <input type="checkbox"/> Publication <input type="checkbox"/> Bachelor or Master Thesis <input type="checkbox"/> Ph.D. Thesis <input type="checkbox"/>
	Executor: