

SCXRD SLOT BOOKING FORM (Bruker/Agilent)

(One Form For One Sample)



Name of the PI & Department:

Name of the Student:

Designation:

Sample Details:

ID		Expected elements/ formula:	
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Temp:

RT		LT	
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 (Tick the appropriate)

Date:

Signature of the Supervisor

(For Technician's use only)

Date of submission:

Date of Collection:

Signature with Date:

Remarks:

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