

Request for SAXS/WAXS/GISAXS Experiment (Xeuss)

Lab. Book # _____

SUBMITTED ON: _____

User Name: _____

E-mail, Phone: * _____

Advisor Name: _____

E-mail, Phone: _____

Signature: _____

Organization: _____

Department: _____

Address: _____

KFS#, PO#, etc _____

Billing contact: _____

E-mail, Phone: _____

Signature: _____

Describe briefly what do you expect from this study:

Describe relevant properties of the material - chemical composition, concentration, stability, solvents, etc:

* Items in italic are optional, in bold – mandatory. For more info check tooltips.

Type of experiment	<input type="radio"/> SAXS, <input type="radio"/> WAXS, <input type="radio"/> Both.		<input type="radio"/> Regular or <input type="radio"/> GISAXS	
Type of sample	<input type="radio"/> solid, <input type="radio"/> gel, <input type="radio"/> powder, <input type="radio"/> slurry, <input type="radio"/> solution, <input type="radio"/> liquid, <input type="radio"/> gas, or <input type="radio"/> other:			
SAXS cell style requested	<input type="radio"/> capillary, <input type="radio"/> washer cell, <input type="radio"/> flow cell, <input type="radio"/> Mylar window disk cell, <input type="radio"/> no cell		<input type="radio"/> special cell:	
Transmission expected	for 1 mm of sample; see example of calculation			
I(0) - intensity at zero angle	expected value in cm ⁻¹ , if known, see example			
Time requested	days	hours		
Q range (Å ⁻¹)	min	max		
Amount of sample available	cm ³	<input type="checkbox"/> plentiful (>0.1 cm ³)	<input type="checkbox"/> limited	
Temperature range required	<input type="checkbox"/> ambient OR	min (≥ 120 K)	max (≤ 400 K)	
Temperature schedule (if any)	start	end	step	
Atmosphere	<input type="radio"/> vacuum	<input type="radio"/> air	<input type="radio"/> other:	

For XCC use only

Experiment date:	Completed on:
Operator comments:	