

Request for SAXS/WAXS/GISAXS Experiment (Xeuss)

Lab. Book # _____

Submitted on: _____
 Advisor Name: _____
 E-mail/Phone: _____
 User Name: _____
 E-mail/Phone: _____
 Organization: _____
 Department: _____
 Address: _____

 FRS#, PO#, etc. _____
 Depart. Req. No. _____
 Credit Card, Expir. _____
 Billing contact: _____

 Signature: _____

Project: _____

What information is expected to be obtained from this study:

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Relevant properties of samples and materials and other info:

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Description of experiment:

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Type of experiment	<input type="checkbox"/> SAXS, <input type="checkbox"/> WAXS, <input type="checkbox"/> Both.			<input type="checkbox"/> Regular or <input type="checkbox"/> GISAXS
Type of sample	<input type="checkbox"/> solid, <input type="checkbox"/> gel, <input type="checkbox"/> powder, <input type="checkbox"/> slurry, <input type="checkbox"/> solution, <input type="checkbox"/> liquid, <input type="checkbox"/> gas, or <input type="checkbox"/> other:			
SAXS cell style requested	<input type="checkbox"/> capillary, <input type="checkbox"/> washer cell, <input type="checkbox"/> Mylar window disk cell, <input type="checkbox"/> flow cell, <input type="checkbox"/> no cell, or <input type="checkbox"/> 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	min (≥ 120 K)	max (≤ 400 K)	<input type="checkbox"/> ambient	
Temperature schedule (if any)	start	end	step	
Atmosphere	<input type="checkbox"/> vacuum	<input type="checkbox"/> air	<input type="checkbox"/> other:	

Experiment date:	Completed on:
Operator comments:	