



Sample Submission Form

Client Details

Date:		PPMS / RIMS Project No.:	
Name:			
Department:			
Email:			
Phone No.:			

Measurement Conditions

Method	<input type="checkbox"/> SAXS		<input type="checkbox"/> WAXS	
Radiation Source:	<input type="checkbox"/> Cu		<input type="checkbox"/> Mo	
Camera Length:	<input type="checkbox"/> 330 cm	<input type="checkbox"/> 1600 cm	<input type="checkbox"/> 2500 cm	
Environment	<input type="checkbox"/> Powder	<input type="checkbox"/> Transmission	<input type="checkbox"/> Solution	<input type="checkbox"/> Grazing Incidence

X-ray laboratory staff only:

Total Scan Time:		Min
Logged:		
Data File Sent:		

Other Instructions (e.g. Expected anisotropy, expected exposure time, attention – Hazardous sample)

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Sample details

No.:	Position:	Sample Name:	Length / Scale of Interest:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			



Materials Hazard Information

Risk assessment No.:

Chemwatch Hazard Ratings: (from the Chemwatch site)

Compound Name:	Analog Name if not in Chemwatch	Chemwatch No.	Flammability	Toxicity	Body Contract	Reactivity	Chronic
<i>Example: Arsenic</i>		1558	0	3	2	2	4

Procedure for cleaning up and disposal in the event of a spill: (as outlined in the RA.)

- I have a **Risk Assessment on PPMS / RIMS** consistent with these samples.
- For material **not** found in the database, I have provided Chemwatch Hazard Ratings for **analogous substances**.
- I understand that CMM **cannot store** my samples or **dispose** of my samples, and I **agree to collect** my samples after the analysis is completed.
- My samples are **labelled** per sample details table and **contained** in e.g., a bag which is **separately labelled** with my name and contact details.

Signature