

To be completed by applicant:

Institute/Group:

Name:

Tel. Nr :

e-mail:

Date:

Sample name:

Empir. sum formula:

Mother liquor:

Strukture (optional):

Repeat measurement? ☐ Yes ☐ No

Yes? Filename:

Measurement at ☐ 295 K oder ☐ 100 K

Sensitive to air or moisture? Protective measures necessary? Please give details:

Should the remaining substance be returned to the user? ☐ Yes ☐ No

For orders outside the Ulm University: Signature of the head of institution

Measurement protocol (to be completed by the operator):

Filename: _____ Date: _____

radiation source: ☐ Mo ☐ Cu

lattice constants:

a: _____ b: _____ c: _____

α : _____ β : _____ γ : _____

Lattice _____ Space group _____ Cell volume _____

Crystall size: _____ SKT Crystal in Oil ☐

Temperature: ☐ RT ☐ 100 K

Tube values: 50 kV / 0,8 mA Distance: 53 mm

Frames: _____ Time/picture: _____ Measurement time: _____

Giko-reflexes: _____ Compl.: _____

Comments: _____

Date/Signature of operator