

TEXAS A&M UNIVERSITY

Department of Chemistry
SQUID Laboratory
College Station, Texas 77843-3255
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Request for SQUID data collection.

Name _____ Date _____

P.I./Company _____

Address/Department _____

City/State/ZIP _____

Telephone _____ FAX _____ e-mail _____

Account to be billed or P.O. _____

Sample(s) Details

XRD ID # _____

Sample ID	Sample Description

Air sensitive hygroscopic pyrophoric light sensitive temp sensitive

Is the sample classified as HAZARDOUS? Explosive Radioactive

Sample disposition: Save and Return Dispose of after analysis