

X-ray Wizards services request form

Please fill out this one page form, print and submit with samples.
A scientist will contact you at the phone or email below before beginning analysis.

Name:
Company:

Date:
Dept/Div/MS:

Street Address:
City:
State
Zip:

Phone:
Email:

of samples:
Type of samples (e.g. film stack, polymer, soil....):

Primary Application(s) – please check or circle

Phase Identification Quantitative Analysis Texture Stress
 Percent Crystallinity Crystallite Size Indexing SAX HRXRD

Purpose of analysis (what is your primary interest):

Please check or circle:
 Dispose of samples after analysis
 Keep samples for one month after analysis
 Return samples immediately after analysis

Do you desire rush turn around (24 to 48 hrs, 50% rush charge may apply):

Please check or circle:
 Purchase order included with sample shipment
 Please charge credit card (billing dept will contact you)
 Payment arrangement will be made at a later date (our billing dept will contact you)