CENTRAL INSTRUMENTATION LABORATORY

PANJAB UNIVERSITY, CHANDIGARH-160014

REQUISITION FORM FOR SMALL ANGLE X-RAY SCATTERING (SAXS)

Website: onlinesaif.puchd.ac.in

(Payment should be credit in: Director CIL, A/c No. 10444977486,IFSC: SBIN0000742)

User Information

User Type: PU Campus & its Regional Centres/Other Educational Institutions / R&D Labs / Industries(Please tick as applicable)

1) Sample provider			
Name:			
Designation:			
Supervisor Name:			
Billing Name & Address: Department & University/ Institution/College:			
Phone/ Mobile Number:		Pin:	State:
E-mail: GST No(*optional):			
2) <u>Sample information</u>			
Material description	⇒		
Number of samples	⇒		
Sample Id	⇒		
Description of the samples and of the application where they are used	3		
Storage conditions	⇒		
Safety treatment (possible hazards?, disposal?, any important information?)	⇒		
3) <u>SAXS investigation</u> (Please provide as much information)	ation as possible!)		
Aim of the investigation	⇒		
Expected outcome	⇒		

Currently used characterization techniques and instruments	⇒			
Solvent(Buffer)	⇒			
Concentration	⇒			
Temperature	⇒			
Exposure Time	⇒			
Additional Comments				
4) Sample quantity and sample p	<u>preparation</u>			
Solid film samples:	cut to 21x7 mm, thickness: 0.1 to 0.5 mm			
Solid powders, fibres, foams:	stored in tight vials, flasks or plastic bags, ideally provide approx. 20 mg			
Liquid samples, gels:	stored in tight vials, flasks or similar, ideally provide approx. 1-2ml with concentration more than 5mg/ml			
Dispersions:	for a convenient determination of particle size, shape and size distribution, the particles must be diluted. Please provide diluted dispersions and/or the dispersive medium (match solvent).			
Samples on a substrate:	provide the pure substrate for background correction; the measurement is in transmission mode, thus the substrate must be as transparent as possible for X-rays.			
In any case please send the mat used for background measurem	` .	articles: solvent, unmodified sample,), which is		
•	UTR/NEFT No nmendation from Head of l	Dated:		
	y be accepted on the behalf of o	=		
	•	Signature of Head of Department With official Seal		
- For office use only				
Payments received vide receipt no. cash. Dated. Amount:				
Job No. / Ref No.				

IMPORTANT: - As per the recent decision of FMC committee it is mandatory for user of SAIF facility to acknowledge the facility in their research work and communicate the same to SAIF Chandigarh for onward communication to DST, New Delhi. This condition is necessary for availing 80% discount for educational Institutes.