

# Preparation form - **SYNERGY**

CDHL - Centre de Diffractométrie Henri Longchambon



Date

Work report

Billing address

User

Last name : \_\_\_\_\_  
 First name : \_\_\_\_\_  
 Phone number : \_\_\_\_\_  
 E-mail : \_\_\_\_\_

Laboratory / service : \_\_\_\_\_

Unit : \_\_\_\_\_

Supervisor : \_\_\_\_\_

Address : \_\_\_\_\_

Country : \_\_\_\_\_

E-mail : \_\_\_\_\_

Samples and measurement conditions

N°	Molecule designation	Solvent	Chemical elements	Fail	Cell	Collect	Powder	Remarks (toxic, PP, etc.)
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	