

ESRF Biological support at the EMBL outstation

Experiment number:	Beamline:
Experiment title:	
ESRF Local Contact:	
Number of persons requiring EMBL facilities:	
DATES :	
From :	
To :	

Proposer name :	Address :
Tel :	
Fax :	
e-mail :	

Sample:

Name:

Type (*cells, bacteria, virus...*):

Function:

Source origin: Class of risk: 1 , 2 , 3 , 4

Please use scientific names (*Escherichia coli, Homo sapiens, and strain ...*)

The sample is recombinant: No , yes

Expression host: Class of risk 1 , 2 , 3 , 4

Please use scientific names (*Escherichia coli, Spodoptera frugiperda...*)

Is the sample a virus , a toxin , a prion protein , a virulence factor , other

Is the sample harmful for human health? yes No

Does the sample contain hazardous substances (heavy metals, inhibitors, toxic drugs...)?

yes no

If yes please specify:

Lab support:

Requirements	Specify
<u>Chemicals / Gases</u> Chemicals/Gases are not provided at the beamlines by the EMBL- This as to be organised via your ESRF local contact	
<u>Plastic/Glassware</u>	
<u>Laboratory L1 or L2</u>	
<u>Equipments</u>	
<u>Cold room</u>	
<u>Safety cabinet</u>	

Comments :