dubble – experiment report

We kindly request you to answer the questions (max 2 pages) and return the **DUBBLE – Experiment Report** within 3 months of the completion of the experiment to [dubble@nwo.nl](mailto:dubble@nwo.nl). Flemish users need to include a hard copy of this report in the documents sent to Prof. Bart Goderis for claiming your costs of travel / subsistence from FWO.

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| --- | --- | --- |
| **Beam time number: 26-01/02-** | | |
| Beamline: | Date(s) of experiment: | Date of report: |
| Number of Shifts: | Local contact(s): | |

1. **Who took part in the experiments?** (Please indicate names and affiliations)
2. **Were you able to execute the planned experiments?**  
   YES /NO (If NO, please specify)
3. **Did you encounter experimental problems?**  
   YES/NO (If YES, please specify)
4. **Was the local support adequate?**  
   YES/NO (If NO, please specify)
5. **Are the obtained results at this stage in line with the expected results as mentioned on the project proposal?**YES/NO (If NO, please specify)
6. **Are you planning follow-up experiments at DUBBLE for this project?**  
   YES/NO
7. **Are you planning experiments at other synchrotrons in the near future?**

YES/NO

1. **Do you expect any scientific output from this experimental session (publication, patent, ...)**  
   YES/NO (If YES, please anticipate a date for submission of the envisaged publication/patent; If NO, please specify)
2. **Additional remarks**