# SAMPLE SHEET 2017

# *(Please complete one Sample Sheet per sample)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Beam time:** Click here to enter text. | | | | | | | **Proposal number:** Click here to enter text. | |
| Sample Name and/or Sample Function: Click here to enter text. | | | | | | | | **Instrument**  Click |
| 1. Is the sample:  Radioactive  Toxic  Corrosive  Oxidizing  Explosive   Flammable  Biological  Synthetic  Other (give a short explanation): Click here to enter text. | | | | | | | | |
| 1. Is the sample**:** | | Click here. | | | | | | |
| If powder or solution, indicate concentration and/or the amount of sample: Click here to enter text. | | | | | | | | |
| Source Origin (*name and strain mandatory*) **?:** Click here to enter text. | | | | | | | | |
| Class of risk: |  | | | | | | | |
| 1. Is the sample recombinant**?** | | | | |  | | | |
| If **Yes** specify expression host: Click here to enter text. | | | | | | | | |
| 1. Is the sample an active virus? | | | |  | | | | |
| 1. Is the sample a toxin/ a Lectin? | | | |  | | | | |
| 1. Is the sample a prion protein? | | | |  | | | | |
| Details on the associated risk, if any (inhibitors, hormones, antibiotics, chemicals, heavy metals, etc.):  Click here to enter text. | | | | | | | | |
| 1. Will the sample be : | | | frozen  in sealed capillary?  in crystallisation tray?  other sample holder (please specify): Click here to enter text. | | | | | |
| 1. Which equipment will you be using**?** | | | | | | | | |
| Laser Class: Click here Wavelength (nm): Click here to enter text.  4°C cooler  Cryogenic stream  Pressurized Cell  Other: Click here to enter text. | | | | | | | | |
| 1. Is there any danger associated with the reception, use of equipment and/or disposal of the sample? | | | | | | | | |
| Yes  No  Uncertain   If **Yes** please specify): Click here to enter text. | | | | | | | | |
| 1. After the experiment the sample will be: | | | | | | removed by the user  stored on site | | |
| 1. Any waste to be managed on site? | | | | | | Yes  No | | |
| **I certify that all details on the sample form are complete and correct.**  Name: Click here to enter text.  Email: Click here to enter text.  Phone: Click here to enter text. | | | | | | | | |