# 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.  |