# SAMPLE SHEET *(Please complete one Sample Sheet per sample, all details are more than welcome)*

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| --- | --- |
| **Date of Beam time** :  | **Proposal number** :  |
| Sample Name and/or Sample Function :   |  **Instrument**  |
| Is the sampleRadioactive Toxic Corrosive Oxidizing Explosive Flammable Biological SyntheticOther (give a short explanation): .............................................................**1.** Is the sample**:** [ ]  **a crystal?** [ ]  **powder?** [ ]  **solution?** [ ]  **other? :**………………………If powder or solution, concentration and/or the amount of sample……………………………………………Source Origin (*name and strain mandatory*) **?:** ................................................................................................ Class of risk: [ ]  1 [ ]  2 [ ]  3 [ ]  4**2**. Is the sample recombinant **?**  [ ]  **Yes**: [ ]  **No**If **Yes** specify expression host: **3.** Is the sample an active virus **?......................................................................................**[ ]  Yes [ ]  No**4.** Is the sample a toxin/ a Lectin **?...................................................................................**[ ]  Yes [ ]  No**5.** Is the sample a prion protein **?.................................................................................... .**[ ]  Yes [ ]  NoDetails on the associated risk if any (Inhibitors, hormones, antibiotics, chemicals, heavy metals, etc.): .....................................................................................................................................................................**6.** Will the sample be : [ ]  frozen [ ]  in sealed capillary? [ ]  in crystallisation tray? [ ]  other sample holder (please specify):..............................................................**7.** Which equipment will you be using **?**[ ]  laser: Class: .............Wavelength (nm): ..................... [ ]  LED/UV:. Wavelength (nm)………………..[ ]  4°C cooler [ ]  Cryogenic stream [ ]  Pressurized Cell [ ]  Other: …………………..**8.** Is there any danger associated with the reception, use of equipment and/or disposal of the sample **?**[ ]  Yes [ ]  No [ ]  Uncertain (if Yes please specify) : ……………………………………..**9.** After the experiment the sample will be [ ]  removed by user [ ]  stored on site**10.** Any waste to be managed on site ? [ ]  yes [ ]  no |
| **[ ]  I certify that all details on the sample form are complete and correct.**Name : Email : Phone :  |