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

|  |  |  |
| --- | --- | --- |
| **Date of Beam time** : | **Proposal number** : | |
| Sample Name and/or Sample Function : | | **Instrument** |
| Is the sample  Radioactive 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  No  Details 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 : | | |