

Radiological Research Accelerator Facility

Service Request Form

Principal Investigator:	Institution:
Phone:	email:
Mailing Address:	
Title of Experiment:	

Abstract of proposed experiment:

This work supported by:

Funding agency: _____

Grant #: _____

Grant Title:



What is the most important parameter(s) to control for this experiment
(if more than one, please prioritize):

Discuss the technical aspects of this experiment (include additional sheets if necessary).

What type of beam will you need: Broad beam/Microbeam

Energy/LET: _____ Dose: _____ Dose Rate: _____

Other (please specify):

What cell culture or animal facilities will you need:

What other support would you need from RARAF staff:

Will you be bringing hazardous materials/equipment: Yes/No
please specify:

Estimate when the experiment will be ready to run (Month and Year): _____

Estimate the total Scheduled time required: _____ hours or _____ days.

Number of Runs: _____ Duration of Run: _____ hours

Spread over what time span: _____

Notice required in case of a change in schedule: _____ days

Will you come in person or send samples: _____

Who will come to RARAF:

Name	Title	Phone Number	Email

I accept responsibility for ensuring that this experiment is conducted in a safe manner.

Further, if any results obtained using RARAF are included in a paper or abstract:

- I agree to explicitly acknowledge RARAF funding sources in all such papers / abstracts (see instructions), *and*
- I agree to pass all such papers or abstracts by a member of the RARAF staff before submission, in order to check that references to RARAF are accurate (see instructions), *and*
- I agree to send two reprints of any such abstracts or papers concerning RARAF to the RARAF staff. (see instructions)

Signature of Principle Investigator:

Date: _____

