

SAMPLE SHEET

(Please complete one Sample Sheet per sample)

Sample Number:	
<u>Sample Description:</u>	<u>Protein Acronym</u>
1. Is the sample: <input type="checkbox"/> a crystal? <input type="checkbox"/> a powder? <input type="checkbox"/> in solution?	
If powder or solution, concentration and/or the amount of sample used for the experiment:	
<u>Source origin:</u> <input type="text"/> <u>Class of risk:</u> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Important: If the origin of the sample is listed in the French decree of the 30 July 2004 , you must fill out an Biosecurity Sheet	
2. Is the sample recombinant? <input type="checkbox"/> Yes: <input type="checkbox"/> No	
<u>If Yes specify the expression host:</u> <input type="text"/> <u>Class of risk:</u> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
3. <u>Is the sample an active virus?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. <u>Is the sample a toxin?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. <u>Is the sample a prion protein?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. <u>Is the sample a virulence factor?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. <u>Does the sample present any risk to human health and/or environment ?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
<u>Details on the associated risk:</u>	
8. Will the sample be brought to the ESRF <input type="checkbox"/> frozen in a loop? <input type="checkbox"/> mounted in a capillary? <input type="checkbox"/> in a crystallisation tray? <input type="checkbox"/> other sample holder (please specify):	
9. Are you planning to work with hazardous ligands (e.g. soaks with heavy metals)? <input type="checkbox"/> Yes.... <input type="checkbox"/> No	
If Yes give details:	
10. Which equipment will you be using?	
<input type="checkbox"/> laser	Class:Wavelength (nm):
<input type="checkbox"/> 4°C cooler	<input type="checkbox"/> Cryogenic gas stream <input type="checkbox"/> Pressurized Cell <input type="checkbox"/> Propane
11. Is there any danger associated with the reception, use of equipment and/or disposal of the sample?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
<u>Details of the associated risk:</u>	
12. After the experiment the sample will be <input type="checkbox"/> stored at the ESRF <input type="checkbox"/> removed by user	
<input type="checkbox"/> I certify that all details on the sample form are complete and correct.	
Name:	Email:
Phone:	