

# SAMPLE SHEET

(Please complete one Sample Sheet per sample)

Sample Number:	
<u>Sample Description:</u>	<u>Protein Acronym</u>
<p><b>1. Is the sample:</b>      <input type="checkbox"/> a crystal?      <input type="checkbox"/> a powder?      <input type="checkbox"/> in solution?</p> <p>If powder or solution, concentration and/or the amount of sample used for the experiment:</p> <p><u>Source origin:</u> <input style="width: 150px;" type="text"/>      <u>Class of risk:</u> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p>	
<b>Important:</b> If the origin of the sample is listed in the <a href="#">French decree of the 30 July 2004</a> , you must fill out an <a href="#">Biosecurity Sheet</a>	
<p><b>2. Is the sample recombinant?</b>      <input type="checkbox"/> Yes:      <input type="checkbox"/> No</p> <p><u>If Yes specify the expression host:</u> <input style="width: 180px;" type="text"/>      <u>Class of risk:</u> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p><b>3. <a href="#">Is the sample an active virus?</a></b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>4. <a href="#">Is the sample a toxin?</a></b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>5. <a href="#">Is the sample a prion protein?</a></b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>6. <a href="#">Is the sample a virulence factor?</a></b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>7. <a href="#">Does the sample present any risk to human health and/or environment ?</a></b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Uncertain</p> <p><u>Details on the associated risk:</u></p> <p><b>8. Will the sample be brought to the ESRF</b>      <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):</p> <p><b>9. Are you planning to work with hazardous ligands (e.g. soaks with heavy metals)?</b>    <input type="checkbox"/> Yes....    <input type="checkbox"/> No</p> <p>If Yes give details:</p> <p><b>10. Which equipment will you be using?</b></p> <p><input type="checkbox"/> <a href="#">laser</a>      Class: .....Wavelength (nm):</p> <p><input type="checkbox"/> 4°C cooler      <input type="checkbox"/> Cryogenic gas stream      <input type="checkbox"/> Pressurized Cell      <input type="checkbox"/> <a href="#">Propane</a></p> <p><b>11. Is there any danger associated with the reception, use of equipment and/or disposal of the sample?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Uncertain</p> <p><b>Details of the associated risk:</b></p> <p><b>12. After the experiment the sample will be</b>      <input type="checkbox"/> stored at the ESRF      <input type="checkbox"/> removed by user</p>	
<p><input type="checkbox"/> <b>I certify that all details on the sample form are complete and correct.</b></p> <p>Name:      Email:</p> <p>Phone:</p>	