

RADIOLOGICAL RESEARCH ACCELERATOR FACILITY

EXPERIMENT REQUEST FORM (See instructions before completing.)

PRINCIPAL INVESTIGATOR	INSTITUTION
MAILING ADDRESS	
TITLE OF EXPERIMENT	

Estimate when the experiment will be ready to run (month and year): _____ Date: _____

Estimate the total scheduled time required: _____ hours or _____ days

Number of runs: _____ Duration of a run: _____

Spread over what time span? _____

How many days or weeks notice is needed
should a schedule change be necessary? _____

Please provide the following information about experimenters who will come to RARAF:

Name	Title	Phone Number	E-mail Address

Please list any hazardous equipment or materials you will bring to RARAF.
(see instructions)

What is the most important parameter(s) to control for this experiment?
(If more than one is listed, please prioritize.)

What cell culture or animal facilities will you need? (see instructions)

**What collaboration with or support from the RARAF staff do you anticipate?
(see instructions)**

**Discuss technical aspects of this experiment, include additional sheets if necessary.
(see instructions)**

ABSTRACT OF PROPOSED EXPERIMENT (see instructions)

REFERENCES RELATING DIRECTLY TO THIS EXPERIMENT

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
PRINCIPAL INVESTIGATOR** _____

DATE _____