

RARAF Experiment Scheduling Request Form

Please Fax to Steve Marino (914) 591-9405

Month/ Year _____ Experiment No. _____

Experiment Title _____

Contact Person _____ Phone _____ e-mail _____

PI _____ Phone _____ e-mail _____

How many days? Desired _____ Acceptable _____

State days of the week preferred. Start with 1 for most preferred. If no preference write "none"

1. _____ 2. _____ 3. _____ 4. _____

What date(s) are unacceptable?

Date: _____ Reason: _____

What date(s) are preferred? 1. _____ 2. _____

List any other time constraints. _____

Is 250 kV x-ray-machine to be used? _____,
on day of / before / after main experiment from _____ a.m./p.m. to _____ a.m./p.m.
(x-ray dosimetry is not normally provided, unless specifically requested)

State specifics of experiments intended to be performed. For example, neutron energy and dose range; particle LET and dose range, microbeam specifications. Append extra page if necessary.

TO BE SIGNED BY THE P.I. OF THE EXPERIMENT FOR *EVERY* BEAM-TIME REQUEST

- I accept responsibility for ensuring that this experiment is conducted in a safe manner.
- 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)
 - * 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),
 - * 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 _____