

# BEAMTIME REQUEST FORM

Please forward to Craig Stevens by Fax: 578-6954, or mail to CAMD/LSU, 6980 Jefferson Highway, Baton Rouge, LA 70806, Room 107.

**Project Reference Number (PRN):** \_\_\_\_\_

Indicate desired beamline, beamtime length (days/weeks), and the beginning date (you may list several in order of desired priority). If your experiment must be done only at one specific date, you should clearly indicate this and explain/justify. You may request a date for beamtime that is later than the current quarter being scheduled. Attach additional sheets if necessary.

Please provide the name and telephone number of a person to be contacted in case of an emergency involving your experimental apparatus. It is important that this person can be reached quickly in case of such an event.

List all samples, (including chemicals used in sample preparation), which will be used in the experiment. For the DCM and XMP beamlines, please include a description of the sample (i.e., powder, liquid, etc.) and provide elemental composition data. Attach additional sheets if necessary.