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|  | **INSTITUT Max von LAUE - Paul LANGEVIN**  **CRG-IN13**  **F. Natali (**[**natali@ill.fr**](mailto:natali@ill.fr)**), F. Formisano (**[**formisan@ill.fr**](mailto:formisan@ill.fr)**), A. De Francesco (defrance@ill.fr)**  71 avenue des Martyrs, CS 20156,  F-38042 Grenoble Cedex 9, France  http://www.ill.fr |

**CRG-IN13 / ILL RESEARCH PROPOSAL**

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| **Experiment title:** | *Proposal number*  *(to be completed by ILL)* |

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| **Proposer** *(to whom correspondence will be addressed)* | |  |  |
| Name and first name: | | Phone: |  |
| Address: | | Fax: |  |
| Email: | |  |  |
| **Co-proposers** *(mark the main proposer in each lab. with an asterisk)*: | |  | |
| Name and first name: | Address *(if different from above)*: | Phone/fax/email | |
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| **Local contact(s):**  (Please select a name) | F. Natali  F. Formisano  A. De francesco |

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| **Estimated *overall time* for the *long term project***    **Requested measuring time for the *first allocation*:** | *Requested starting time:*   1. Jan/Feb 2. Mar/Apr 3. May/Jun | 1. Jul/Aug 2. Sep/Oct 3. Nov/Dec   Unacceptable dates: |

**When will the sample be available** *(please give details)* **?**

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| I certify that the details on the proposal form are complete and correct. | |
| Date | Signature of proposer: |

***It is essential to complete this page. Missing information can delay***

***the safety assessment and result in a rejection of the proposal.***

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| **sample description**  *(if there is insufficient space, please include details in main text of the proposal)*  Substance/Formula *(give isotopic composition if not natural):*  Mass (in mg):       Size(in mm3):  Powder  Liquid  Gas  Polycrystalline  Single crystal Others :  Sample container (cylinder, flat plate, pressure cell, etc…):  standard IN13 cell: flat plate: Preferred thickness: *t* =  other  supplied by the user |

*\*as appropriate for scientific evaluation*

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| **safety aspects:** Is the sample  Radioactive?  A contaminant?  Toxic?  Inflammable?  An -emitter?  Corrosive?  A biological hazard?  Explosive?  Is there any danger associated with the proposed sample or its preparation at ILL?  Yes  Uncertain  No If yes or uncertain, please give details of the risks associated: |

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| **experimental details**  Elastic experiment:  Standard Temperature Scan  Quasi-elastic experiment: Energy resolution: |

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| **sample environment equipment** *(supplied by the CRG)*  Does not apply  Displex: Temperature range:  High pressure device (max 7 kbar): Pressure range:  Other (please specify)  **Details of special material or equipment, supplied by user** (the ILL may request more details):    Is there any danger associated with ancillary equipment?  Yes  Uncertain  No If yes or uncertain, please give details of the risks associated: |

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| ***To be filled in by ILL*** | | |
| *Sample environment code* | *Comments by Health Physics Officer and Safety Engineer* | *N° of days allocated* |

Abstract

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Scientific background and detailed description of the proposed experiment

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| Your publication record (give references to papers published in the last two years arising from ILL experiments): |