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